#AreWeOkay Public Poll 2021

Another Public Consultation by

SG MENTAL HEALTH MATTERS

Supported by:

OPPi

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Acknowledgements

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We would like to convey our sincerest appreciation to all organizations that have supported our community in the past years, and have given us the space to grow and thrive as a collective of individuals who aspire to generate constructive dialogue around policies impacting mental health and mental wellbeing in Singapore.

We also dedicate this report to our loved ones, and the people, places, and things that have supported us in our efforts. We are grateful for your support.

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Foreword and executive summary

SG Mental Health Matters (SGMHM) is a community initiative that was started off as a public consultation exercise in 2020 to support Nominated Member of Parliament Anthea Ong's preparation for the Budget 2020 debates focusing on mental healthcare and mental wellbeing. This first public consultation in 2020 (PC2020) resulted in close to 400 responses from the community, and provided insight on issues of access, affordability, and quality of mental healthcare in Singapore. This helped to inform Anthea's parliamentary speeches that called for policies and key structural changes to improve the mental well-being of Singaporeans.

The work doesn't stop here. The SGMHM #AreWeOkay poll ran from 26 March 2021 to 30 April 2021, and was intended to spark a conversation on mental health among Singaporeans amid the pandemic. This poll was hosted on OPPi, and involved a series of demographic questions, alongside a series of statements to which participants could respond to. The questions on this poll covered topics on perceptions of mental healthcare, vulnerable communities, COVID-19 on mental health, and mental health and society, and were informed by SG Mental Health Matters' public consultation in 2020, which provided deeper insight into issues of access, affordability, and quality of mental healthcare in Singapore.

We adopted both OPPi's proprietary analytic capabilities, as well as separate statistical analyses to explore the nuances in our data. We received a total of 561 responses throughout this poll period. Our poll found, through OPPi's analytic capabilities, four key opinion groups, which we labelled post-hoc as 'Lower Trust in Mental Healthcare System' (44.2%), 'Higher Trust in Mental Healthcare System' (26.9%), Undecided on the Mental Healthcare System (27.6%), and those who are unclassifiable (1.3%). Those in the lower trust group were more likely to be younger and without a religion, whereas those in the higher trust group were more likely to be male and never experienced any mental health challenges.

With regard to the impact of COVID-19 on mental health, in general, individuals who reported past experiences with mental health challenges were more likely than those who did not to agree with statements on how COVID-19 control measures had negatively impacted their mental health.

We also found several ‘common ground’ statements, which were defined as statements that had achieved a high level of consensus, either as agreements or disagreements. First, participants had high consensus regarding cost as a barrier to quality mental healthcare, alongside other statements on suggestions to improve the mental healthcare system in Singapore; second, participants had high consensus on statements that discussed the increased risks of mental health challenges among vulnerable groups such as individuals who identify as being from low-income household, living with disabilities, as LGBTQ+, or as healthcare workers; and last, participants agreed that more needed to be done for suicide prevention in Singapore.

In contrast, several statements divided our respondents. These statements largely addressed access, affordability and quality of the mental healthcare system in Singapore. Similar to the sentiments around COVID-19’s impact on mental health, participants who had past experiences with mental health challenges were more likely to have critical views of the mental healthcare system, relative to those who reported never experiencing mental health challenges.

Finally, among those who had reported ever experiencing mental health challenges, we found that those with higher socioeconomic capital in general were more likely to have sought professional help. Those who agreed with the statements on being able to seek out subsidized mental healthcare and that the quality of private mental healthcare was adequate were more likely to have sought professional help, whereas those who agreed with the statements on being comfortable with using work insurance for mental health treatment and the mainstream media’s influence on mental health perceptions, were less likely to seek help.

Overall, SGMHM proposes one key policy recommendation - that a **whole-of-government (WOG) approach** is urgently needed to build a strong and mentally-healthy Singapore. In practice, we need a **national coordinating body** for mental health reporting into the **Prime Minister’s Office (PMO)** with a Minister-in-Charge. This national coordinating body should not just be a taskforce, but a full-fledged agency with dedicated resources and targets *solely* focused on mental wellbeing and mental health, neither should it be subsumed within integrated health as part of the Agency of Integrated Care.

We draw inspiration from the WOG strategic structure and implementation model of the Smart Nation and Digital Government Office (SNDGO) and suggest that this national co-ordinating body may be called the **Mental Wellbeing and Sustainable Development Office (MWSDO),**

overseen by a **Ministerial Committee** made up of relevant ministers e.g education, health, manpower and social & family development. Like the SNDGO, the MWSDO would allow the government to be more integrated and responsive to policies that may have implications for mental wellbeing. Also, there are several parallels between MWSD and SNDG; first, both Smart Nation and population mental health are integral parts of nation building; second, in a Smart Nation, we would see transformations across several domains such as health, transport, urban solutions, finance, and education - and we expect the same for policies addressing mental wellbeing in Singapore; third, Smart Nation involves the development of strong system foundations, which would be integral to sustainable approaches to promoting wellbeing as well.

Our report provides insight into the potential scope of policies that may be associated with mental wellbeing, which support the above proposal towards establishing the MWSDO. We have three key findings in our report.

First, our findings highlighted consensus among participants that there are indeed groups that are at greater mental health risk, which underscores the downstream impact of complex social, political, and occupational dynamics and policies that intersect to impact these groups. A MWSDO would allow us to address such complexities and develop equitable policies that span across ministries for sustainable change.

Second, our findings highlighted how participants in general felt that access, affordability, and quality of mental healthcare were still key issues that remained barriers to promoting mental well-being among Singaporeans. Those who identified with ever having mental health challenges were more likely to hold such views, therefore enhancing the validity of these sentiments. The MWSDO can be tasked with assessing such outcomes on a regular basis, and would be well-situated to be an authoritative resource on mental health-related information, mental healthcare financing, and other evidence-based resources on mental health in Singapore. This national coordinating body should also play a leading role in synthesizing best practices, and subsequently informing and coordinating the work of both government and community mental health agencies as the SNDGO does.

Third, our findings highlighted upstream factors in the promotion of mental health and well-being, such as the influence of media and policies to prevent suicide. To address these issues meaningfully, a coordinating body would be required to mobilize interest across sectors

such as the media, the family and social sector, the education sector, as well as the health sector to implement mental health campaigns that are effective, and to enact policies that protect our youth and those who may be more vulnerable due to the impact of established social determinants of health such as socioeconomic status, gender identity, sexual orientation, and occupation. More work also needs to be done to investigate and delineate additional social determinants of mental health.

Singapore can follow the lead of countries such as Scotland, Australia, and the United Kingdom to empower a Minister and Ministry with dedicated resources to tackle this serious problem of Mental Health.

This call for a whole-of-government approach to promoting mental health and well-being is not new; calls have been made in parliament by Anthea Ong as well as SGMHM in the past. The #AreWeOkay poll reiterates the importance of such reforms, which will go a long way in alleviating suffering and optimizing mental health outcomes for Singapore to emerge stronger and build back better, and kinder as a society and economy in a new COVID-19 norm.

Introduction

"Mental health is at the core of our humanity[1]"

António Guterres, Secretary-General of the United Nations

There is increasing recognition that mental health must become a major public health priority in Singapore. The 2016 Singapore Mental Health Study, a national representative epidemiology study, found that 13.8% of the population, or one in seven Singaporeans will have a mental health condition in their lifetime.[2] Yet, only 21.4% of Singaporeans with a mental health condition received help in the past 12 months.[3] It is even more concerning that while there has been a significant rise in the lifetime prevalence in mental health conditions from 2010 (12.0%) to 2016 (13.8%), the treatment gap[4] remains unchanged. Thus, even though mental ill-health is more common in Singapore, people are not getting the help that they need.

The lack of investment in mental health systems for prevention and treatment interventions for individuals who are at high risk was particularly striking during the first wave of the COVID-19 pandemic. The national budgets (Unity, Resilience, Solidarity and Fortitude) did not directly allocate funds for mental healthcare support or research.[5] Even though mental health organisations such as SOS and the Brahm Centre reported more than a two-fold increase in the number of helpline calls in by March 2020,[6,7] a national hotline run by volunteers trained in psychological first-aid for providing emotional and psychological support was established only

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[1] https://www.un.org/en/coronavirus/mental-health-services-are-essential-part-all-government-responses-covid-19

[2] Subramaniam, M., Abdin, E., Vaingankar, J. A., Shafie, S., Chua, B. Y., Sambasivam, R., ... & Chong, S. A. (2020). Tracking the mental health of a nation: prevalence and correlates of mental disorders in the second Singapore mental health study. *Epidemiology and psychiatric sciences*, *29*.

[3] Subramaniam, M., Abdin, E., Vaingankar, J. A., Shafie, S., Chua, H. C., Tan, W. M., ... & Chong, S. A. (2019). Minding the treatment gap: results of the Singapore Mental Health Study. *Social psychiatry and psychiatric epidemiology*, 1-10.

[4] Defined as the absolute difference between the prevalence of a particular mental disorder in the past 12 months preceding diagnosis and those who had received treatment for that disorder

[5] Yip, W., Ge, L., Ho, A. H. Y., Heng, B. H., & Tan, W. S. (2021). Building community resilience beyond COVID-19: The Singapore way. *The Lancet Regional Health–Western Pacific*, *7*.

[6] https://www.channelnewsasia.com/news/commentary/covid-19-may-worsen-mental-health-in-singapore-12703566

[7] https://www.straitstimes.com/singapore/spike-in-calls-to-sos-last-year-as-more-in-distress-amid-pandemic-0

on April 10 2020, two months after the Disease Outbreak Response System Condition was raised to orange.

A recent report by the Institute of Labor Economics found that the Singaporeans reported significantly lower well-being during the circuit breaker measures.[8] They tracked monthly well-being from August 2019 to July 2020, and found that well-being remained below its pre-pandemic levels even after the circuit breaker ended. This report highlights the long-term impact of COVID-19 pandemic and related restrictions on mental health, such as uncertain economic prospects for new graduates and business owners, and its toll on those already vulnerable to mental health risks and challenges. It gives us a glimpse of what we may expect beyond “the new normal”. Moreover, some groups of individuals are at greater risk of developing depression, anxiety and post-traumatic stress disorder from COVID-19 related stressors. Common risk factors are female gender, younger age group (≤40 years), presence of pre-existing mental or physical health conditions, employment status (unemployed or student), and frequent exposure to COVID-19 related news.[9] PM Lee said that ensuring access to quality mental healthcare for every Singaporean is a major priority, with one in seven people here suffering from a mental health condition at some point.[10] It is therefore imperative for us to have ongoing conversations about our mental health, especially amid the pandemic.

The SG Mental Health Matters (SGMHM) #AreWeOkay poll was launched from 26 March 2021 and closed on 30 April 2021. This poll was supported by OPPi, and involved a series of demographic questions, alongside a series of statements to which participants could respond to. The questions on this poll covered topics on perceptions of mental healthcare, vulnerable communities, COVID-19 on mental health, and mental health and society, and were informed by SG Mental Health Matters’ public consultation in 2020 (PC2020),[11] which provided deeper insight into issues of access, affordability, and quality of mental healthcare in Singapore.

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[8] Cheng, T. C., Kim, S., & Koh, K. (2020). The impact of COVID-19 on subjective well-being: Evidence from Singapore.

[9] Xiong, J., Lipsitz, O., Nasri, F., Lui, L. M., Gill, H., Phan, L., ... & McIntyre, R. S. (2020). Impact of COVID-19 pandemic on mental health in the general population: A systematic review. *Journal of affective disorders*.

[10] https://www.straitstimes.com/singapore/health/task-force-to-tackle-mental-health-needs-amid-pandemic

[11] Specifically, PC2020 looked at accessibility, affordability and quality of mental healthcare in Singapore, with various inter-connected focus areas across: (a) settings: schools and workplaces; (b) vulnerable communities: migrant workers, differently-abled, LGBTQIA+, and low-income elderly; and (c) specific concerns: confidentiality, suicide, emergency services, and trauma. More details may be found at https://sgmentalhealthmatters.com/introduction.

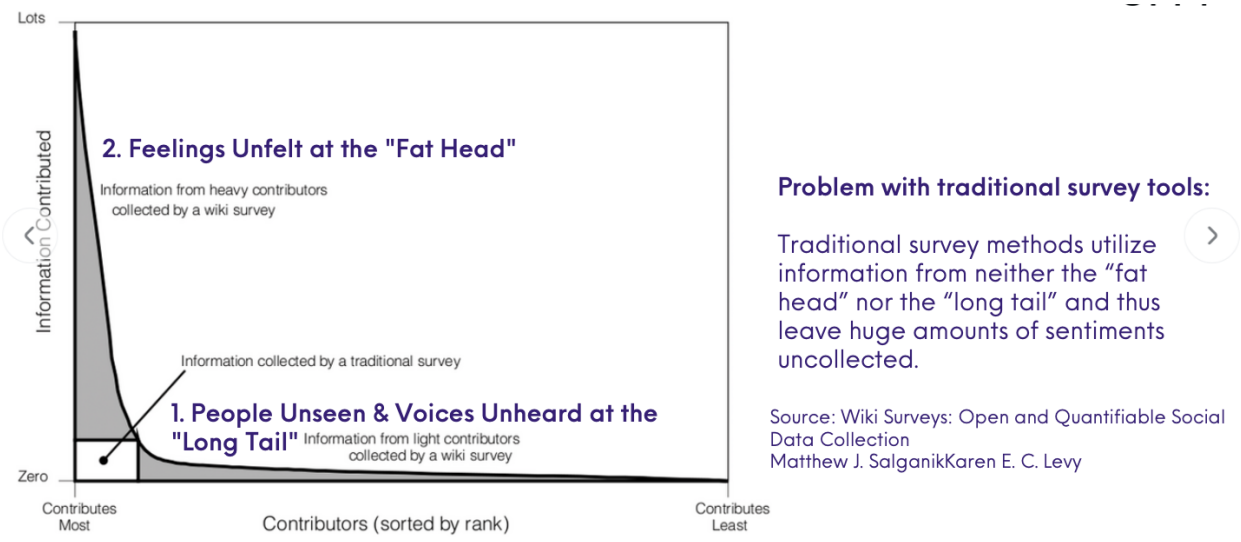
Methodology and OPPi

The methodology

Social Seismography is a new emerging discipline of social science research, pioneered by OPPi (www.oppi.live), that uses innovative social listening tools to help leaders and citizens to gain a deeper understanding of fault-lines and glue-lines of social issues in our society. By gaining a deeper understanding of the underlying root causes, fault-lines or undercurrents that have been festering invisibly for a long time, we are able to design more effective policy, cultural and civic solutions to address these issues sustainably over the long-term before it is too late.

Within the discipline of social seismography lies the use of emergent surveys or wiki-surveys. Wiki or emergent surveys are different from traditional surveys in that they co-create the survey questions together with participants. Respondents to an OPPi conversation have a say in shaping the trajectory of the discourse, diagnosis or survey because survey design is both top-down and bottom-up. As illustrated in the diagram below (**Figure 1**), OPPi captures additional sentiments at the “fat head” and at the “long tail” that traditional survey tools are unable to capture.

Figure 1. OPPi’s survey methodology



By combining the scale and reach of a survey with the open-ended discovery of a focus group discussion, insights often surprise organisers as they challenge their preconceived ideas or

cognitive biases about a particular issue. Through this unique discipline of social seismography and emergent surveys, OPPi helps a complex system to become more self-aware.

How does AI enable structured citizen-crowdsourcing at scale?

OPPi is an AI-powered engagement tool that leverages the power of emergent or wiki-surveys to help leaders in gathering the pulse of the people and facilitating high quality decision-making for complex societal issues. As part of OPPi's corporate social responsibility, OPPi also helps to bring the voices of the people and marginalized communities to decision-making tables in the public sector, parliament and private sector globally.

OPPi combines quantitative and qualitative methods with advanced statistical techniques to identify opinion tribes based on respondents' views and visualise correlations between opinions and respondents. OPPi learns patterns from respondents in real-time to help leaders identify fault lines and common ground.

How does an OPPi conversation work?

Participants are given a psychological safe virtual space to answer a series of "seed statements" posed by the OPPi web platform. These "seed statements" were determined through SGMHM's PC2020, which involves a series of surveys and discussions with Singaporeans on access, affordability and quality of mental healthcare in Singapore. PC2020 was conducted by members of the mental health community and was developed in line with the philosophy of community-based participatory research (CBPR).[12] The votes or responses of the participants are kept confidential. No one is able to trace back any individual response to any of the participants.

A moderator selectively enables comments submitted by participants as "crowdsourced statements" which circle back into the conversation for other participants to vote on. At the end of the conversation, participants are shown a real-time summary of the results of the entire conversation and which opinion group participants fall under. This has 3 benefits. First, it helps individuals in an organization to cultivate self-awareness and collective awareness. Second, it shifts the ownership or burden of the issue from the organisers to the community i.e. leaders and community respondents. Third, participants start to contribute more meaningful comments

[12] Minkler, M., & Wallerstein, N. (Eds.). (2011). Community-based participatory research for health: From process to outcomes. John Wiley & Sons.

and statements to build common ground with their fellow peers. OPPi has proven to “gamify” consensus building and common ground for complex conversations.

This is in sharp contrast to traditional platforms for discourse which amplify echo-chambers, silos and divisions. Often, the loudest and most provocative voices win. OPPi, on the contrary, preserves minority opinions while bringing to light the views of the silent majority. In doing so, OPPi actually levels the playing field for the loud minority and the silent majority. Overall, the SGMHM reviewed the comments from participants regularly, and added an additional seed statement on suicide prevention mid-way through the poll, in response to new insight generated by participants. Most other comments provided and crowdsourced among participants were aligned with existing topics and questions covered by the poll.

Variables and Statements

We collected demographic information from all participants; namely age (Categories of <24, 25-34, 35-44, 45-54, and 55+), gender (Male, Female, Others), sexual orientation (Heterosexual, Non-Heterosexual), residence status (Singapore Citizen, Singapore PR, Non-Singapore Resident), occupation (Unemployed, Self-Employed, Professionals, Admin/Clerical, Blue Collar, Unclassified), income levels (No income, <SGD2999, SGD3000-SGD4999, SGD5000-SGD8999, SGD9000+), religion (Has a religion, Has no religion), mental health experience (Never had any mental health challenges, Ever had but never sought professional help, Ever had and sought professional help).

The questions on the OPPi poll covered topics on perceptions of mental healthcare, vulnerable communities, COVID-19 on mental health, and mental health and society (**Table 1**). The statements were developed through discussions among members of SGMHM, and were informed by SGMHM public consultation 2020 (PC2020), which provided deeper insight into issues of access, affordability, and quality of mental healthcare in Singapore. Further details of PC2020 may be found here: https://sgmentalhealthmatters.com/introduction

Table 1. #AreWeOkay OPPi Poll Statements

S/N	Statements	Theme
1	I find it difficult to access information to seek help for my mental health in Singapore	Perceptions of mental healthcare (Access,

2	I trust that the mental health hotlines available will be helpful in addressing my issues	affordability, and quality of mental healthcare)
3	I know how to seek out subsidised mental health services in Singapore	
4	Cost is a barrier to quality mental healthcare in Singapore	
5	Mental health treatment should involve both talking therapies (e.g. counselling, therapy) and medication (e.g. psychiatry)	
6	I think that the standard of public mental healthcare in Singapore is satisfactory	
7	I think that the standard of private mental healthcare in Singapore is satisfactory	
8	I believe that compulsory mental health screening should be conducted in all secondary schools	
9	I trust that my mental health diagnoses at public healthcare institutions will remain confidential to prospective employers	
10	I would claim for the use of mental health services through work insurance, if covered	
11	People living with disabilities are at greater mental health risk. I believe that they should be given additional support.	Vulnerable communities
12	Individuals who identify as LGBTQ+ are at greater mental health risk. I believe that they should be given additional support	
13	Individuals from low-income households are at greater mental health risk. I believe that they should be given additional support	
14	Healthcare professionals are at greater mental health risk. I believe that they should be given additional support	
15	The restrictions on social interactions/activities since COVID-19 hit has negatively affected my mental health	COVID-19 and mental health
16	I think government initiatives to address the lack of job opportunities among fresh graduates due to COVID-19 are sufficient	
17	Changes to work/school arrangements during COVID-19 has negatively affected my mental well-being	
18	My understanding of mental health conditions have largely been influenced by mainstream media	Mental health and society
19	The increase in public awareness of mental health has increased	

	my willingness to reach out for mental health support when I need to	
20	I believe using social media negatively impacts our mental well-being	
21	I believe that not enough is being done to prevent suicide in Singapore	
22	I believe that the role of parents and the family as a prevention and intervention strategy for children's suicide risk has not been explored enough*	

* Statement 22 was added in at a later stage of the poll, and thus had fewer responses

Analytic Plan

We adopted both OPPi's proprietary analytic capabilities, as well as separate statistical analyses to explore the nuances in our data.

The OPPI algorithm analyses all votes and determines the landscape of opinions according to the voting patterns of the poll participants. Two features stand out for quick analysis. Firstly, OPPi's decision-matrix (or So-What Chart) allows leaders to instantly analyse the noise in the data to distil actionable insights and signals. The real-time statements dashboard allows leaders to understand why people tend to sway in a particular direction when they "agree" or "disagree" with a particular statement. Secondly, at a deeper level, using Artificial Intelligence, OPPI clusters and discovers the various tribes based on how similar or different the respondents vote. Statements that uniquely express the sentiments of different tribes, personas or archetypes are identified by the algorithm. These OPPi opinion clusters simplify a leader's understanding of the "lay of the land" or the tribes that people fall under so that targeted communications, engagement or policy decisions can be formulated for different tribes

Additionally, we adopted descriptive statistics to delineate patterns in the data, as well as bivariable (chi-square tests) and multivariable (poisson regression with robust sandwich variances) statistical techniques to elucidate associations between variables. Data were organized using STATA and SPSS. Statistical significance was set at $p<0.05$ for statistical analyses.

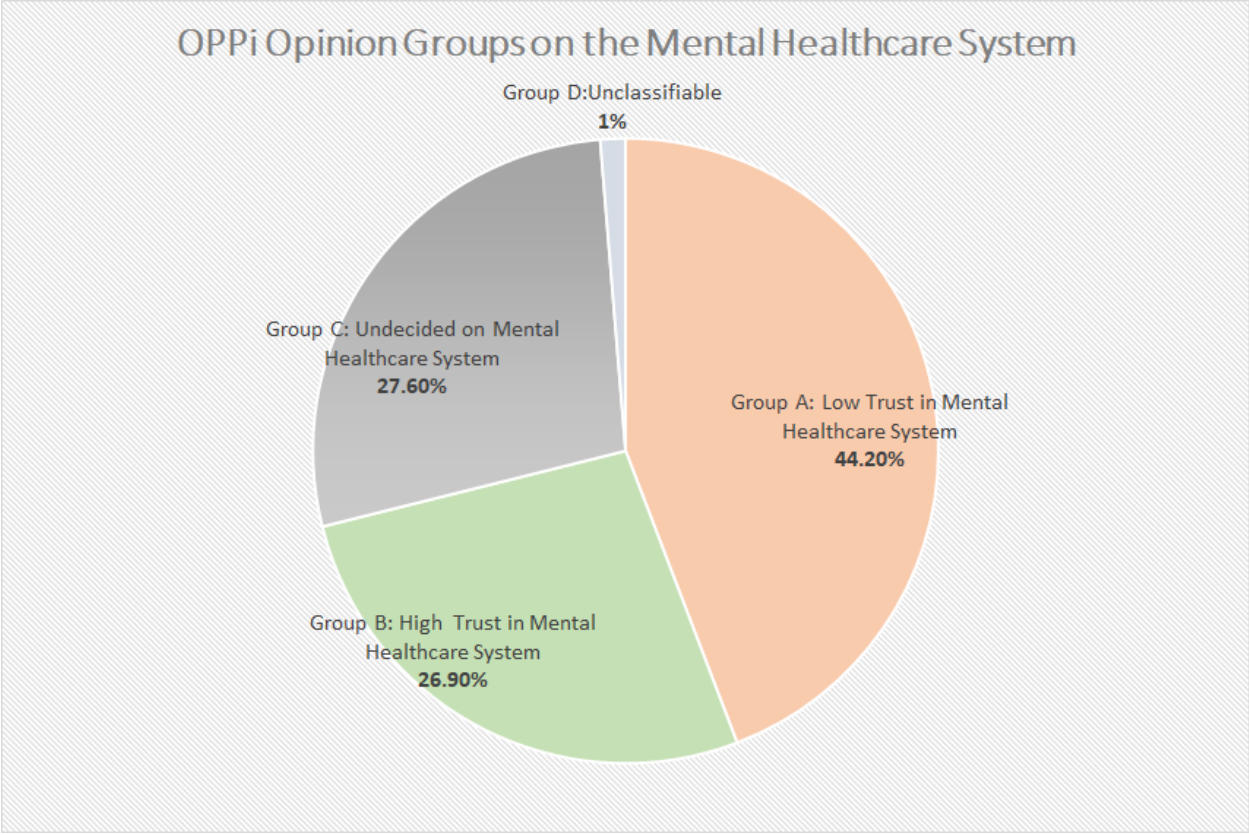
Findings

Demographics of Respondents

A summary of demographics of respondents may be found in **Appendix A-1**. Overall, a majority of participants were below the age of 55 years old, female (n=409; 82.9%), heterosexual (n=429; 76.6%), Singapore citizens (n=522; 93.0%), professionals (n=192; 34.2%) or unemployed (n=163; 29.1%), have a university level education (n=236; 42.1%), had an income of less than SGD2999 (n=126; 22.5%) or no income (n=164; 29.2%), has a religion (n=365; 65.3%) and has ever had a mental health challenge and sought professional help (n=250; 44.6%).

OPPi Opinion Groups

Figure 2. OPPi opinion groups



We received a total of 561 responses in our poll. Based on these responses, OPPi identified four opinion groups through the data, which we labelled post-hoc based on their attitudes towards mental health issues: (i) Group A (44.2%): Lower Trust in Mental Healthcare System, (ii) Group B (26.9%): Higher Trust in Mental Healthcare System, (iii) Group C (27.6%): Undecided on Mental Healthcare System, (iv) and Group D (1.3%): Unclassifiable. **Figure 2** summarizes these trends.

Group A Defining Statements: Lower Trust

Table 2 details the statements and responses that define Group A, based on OPPi's proprietary algorithm. This group formed 44.2% of all responses, and was characterized by strong disagreements, relative to the other opinion groups, on mental-health-related statements relating to the quality of healthcare in Singapore. These touched on statements that speak to the helpfulness of mental health hotlines, the standard of both public and private mental healthcare, as well as the confidentiality of mental health diagnoses at public healthcare institutions. These participants also largely disagreed on the sufficiency of government initiatives to address the lack of job opportunities for fresh graduates due to COVID-19.

Table 2: Group A Defining Statements (44.2% of all responses)

Statements	**Trend**
I trust that the mental health hotlines available will be helpful in addressing my issues	46% of this group disagreed with this statement
I think that the standard of public mental healthcare in Singapore is satisfactory	79% of this group disagreed with this statement
I think that the standard of private mental healthcare in Singapore is satisfactory	41% of this group disagreed with this statement
I trust that my mental health diagnoses at public healthcare institutions will remain confidential to prospective employers	43% of this group disagreed with this statement
I think government initiatives to address the lack of job opportunities among fresh graduates due to COVID-19 are sufficient	54% of this group disagreed with this statement

Group B Defining Statements: Higher Trust

Table 3 details the statements and responses that define Group B, based on OPPi's proprietary algorithm. This group formed 26.9% of all responses, and was characterized by a higher sense of trust towards the standard of mental healthcare in Singapore, relative to the other opinion groups. These touched on statements that speak to the ease of accessing information to seek help for one's mental health, and the standard of both public and private mental healthcare. These participants also, unlike the other opinion groups, felt that individuals from low-income households were at greater mental health risk, and were more likely to disagree with the statement that changes to work/school arrangements during COVID-19 had negatively affected their mental well-being. While these participants exhibited a higher sense of trust towards the standard of mental healthcare in Singapore, the lack of full consensus nevertheless indicates potential barriers to seeking mental healthcare in this group.

Table 3: Group B Defining Statements (26.9% of all responses)

Statements	Trend
I find it difficult to access information to seek help for my mental health in Singapore	57% of this group disagreed with this statement
I think that the standard of public mental healthcare in Singapore is satisfactory	40% of this group agreed with this statement
I think that the standard of private mental healthcare in Singapore is satisfactory	46% of this group agreed with this statement
Individuals from low-income households are at greater mental health risk. I believe that they should be given additional support	27% of this group disagreed with this statement
Changes to work/school arrangements during COVID-19 has negatively affected my mental well-being	63% of this group disagreed with this statement

Group C Defining Statements: Undecided

Table 4 details the statements and responses that defined Group C, based on OPPi's proprietary algorithm. This group formed 27.6% of all responses, and was characterized by being largely undecided on statements relating to COVID-19, confidentiality of mental healthcare at public institutions, and the influence of media on mental health conditions.

Table 4: Group C Defining Statements (27.6% of all responses)

Statements	Trend
I trust that my mental health diagnoses at public healthcare institutions will remain confidential to prospective employers	40% of this group were undecided on this statement
The restrictions on social interactions/activities since COVID-19 hit has negatively affected my mental health	31% of this group were undecided on this statement
I think government initiatives to address the lack of job opportunities among fresh graduates due to COVID-19 are sufficient	57% of this group were undecided on this statement
Changes to work/school arrangements during COVID-19 has negatively affected my mental well-being	38% of this group were undecided on this statement
My understanding of mental health conditions have largely been influenced by mainstream media	31% of this group were undecided on this statement

Demographic Differences Across Opinion Groups

We conducted chi-square tests to determine if the Opinion Groups were differentiated along demographic lines (**See Appendix A-2**). In summary, the groups were differentiated by age, gender, occupation, religion, and past mental health experience. Specifically, with regard to age, Group A participants were more likely to belong to the younger age groups; with regard to gender, Group B participants were more likely to be male; with regard to occupation, Group B participants were less likely to be unemployed; with regard to religion, Group A participants were less likely to have a religion; and with regard to past mental health experiences, participants in group B were less likely to have identified with having encountered past mental health challenges. **Figures 3 to 7** summarize some of these trends.

Figure 3. Age differences across opinion groups

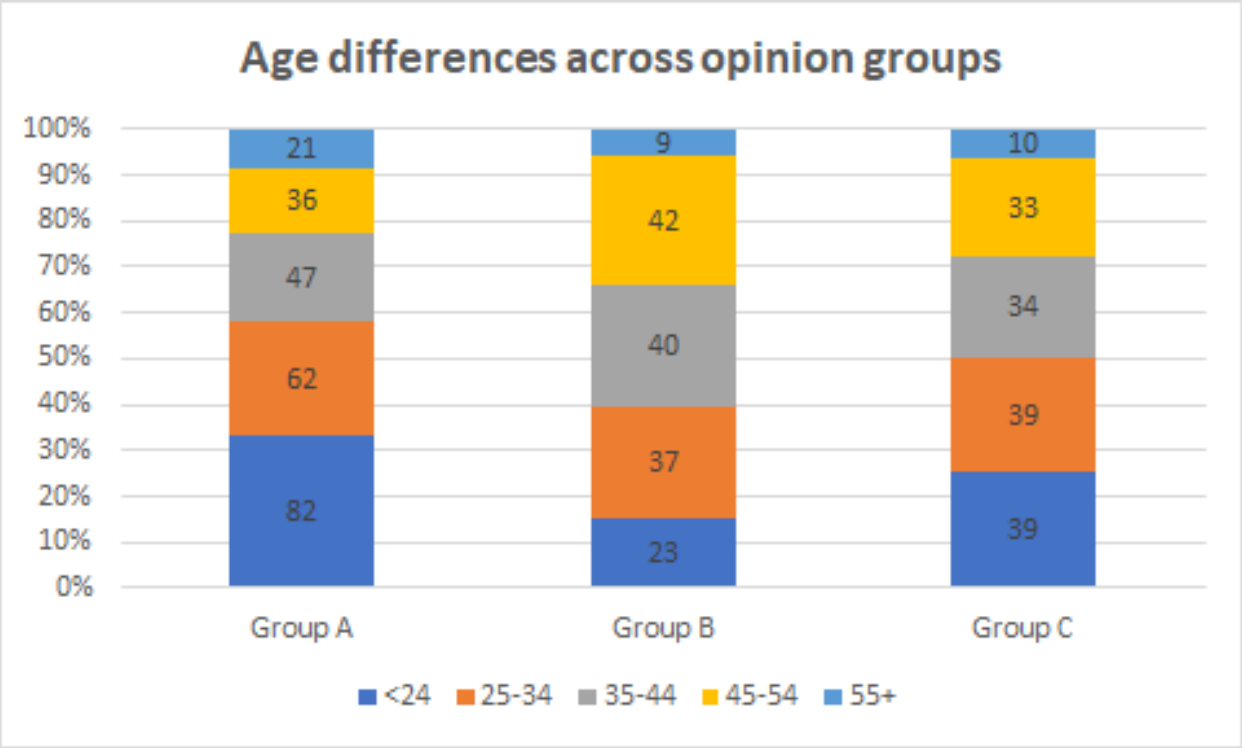


Figure 4. Gender differences across opinion groups

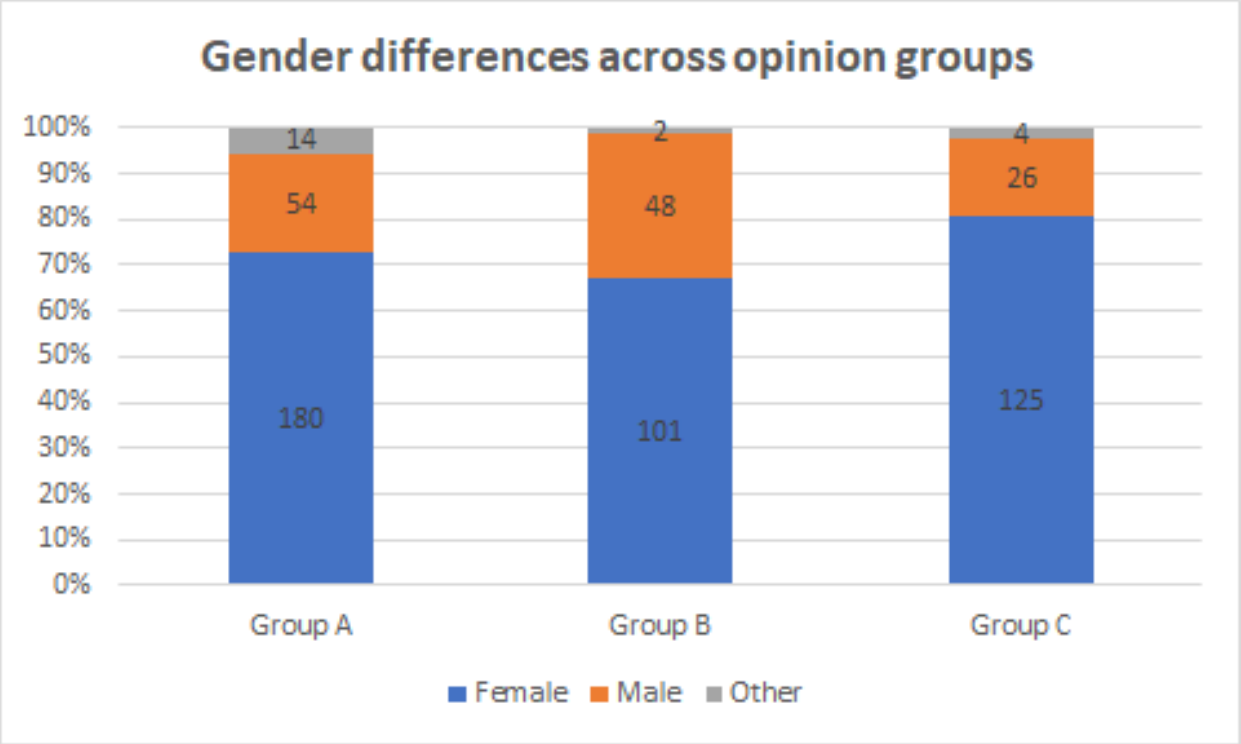


Figure 5. Occupational differences across opinion groups

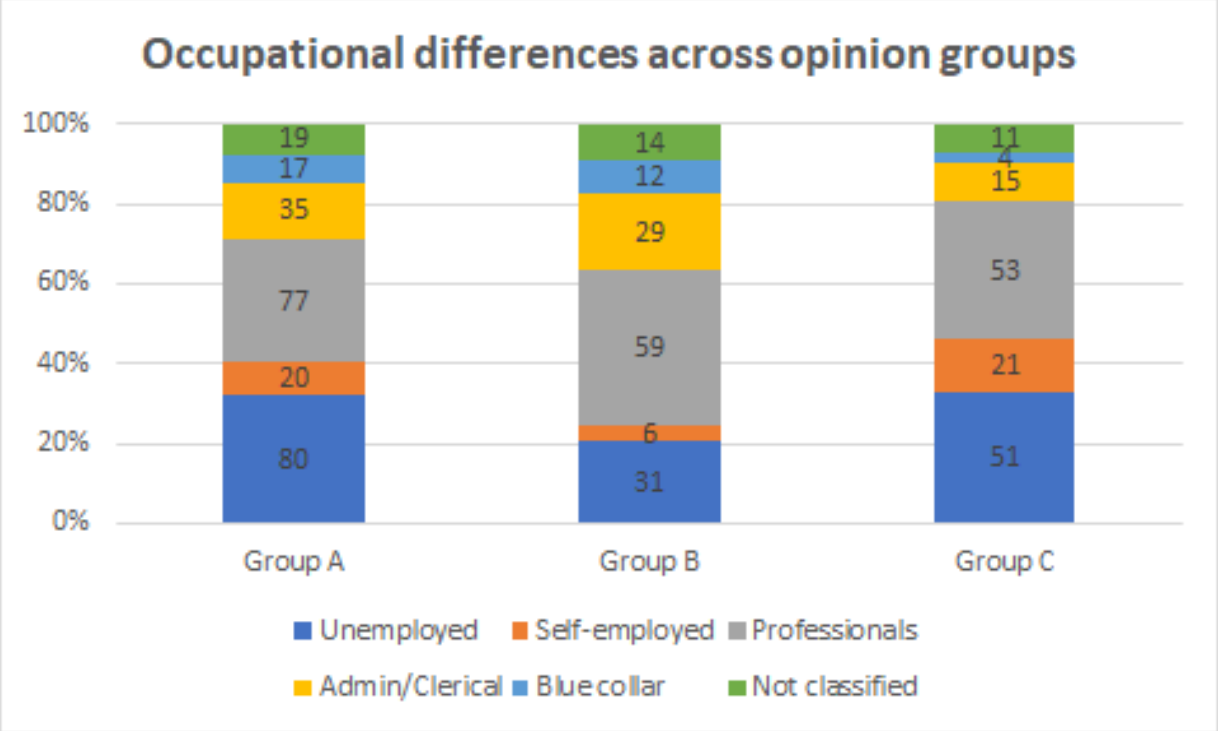


Figure 6. Religious differences across opinion groups

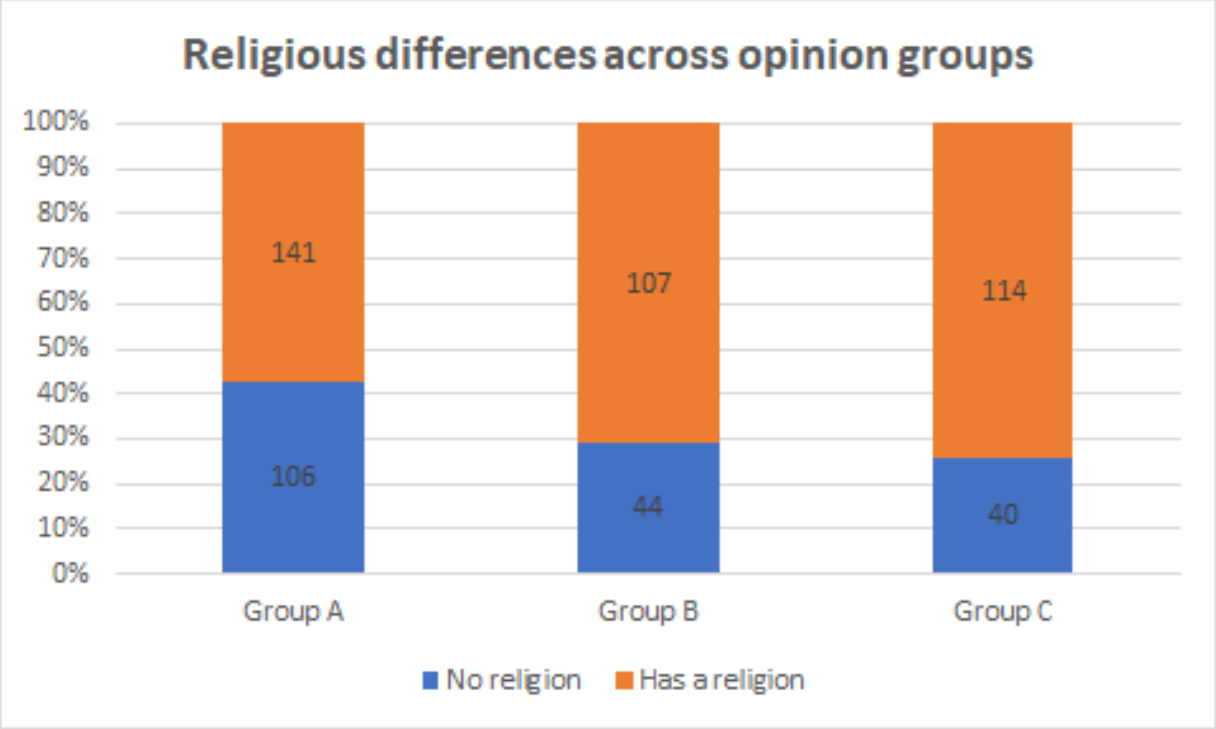
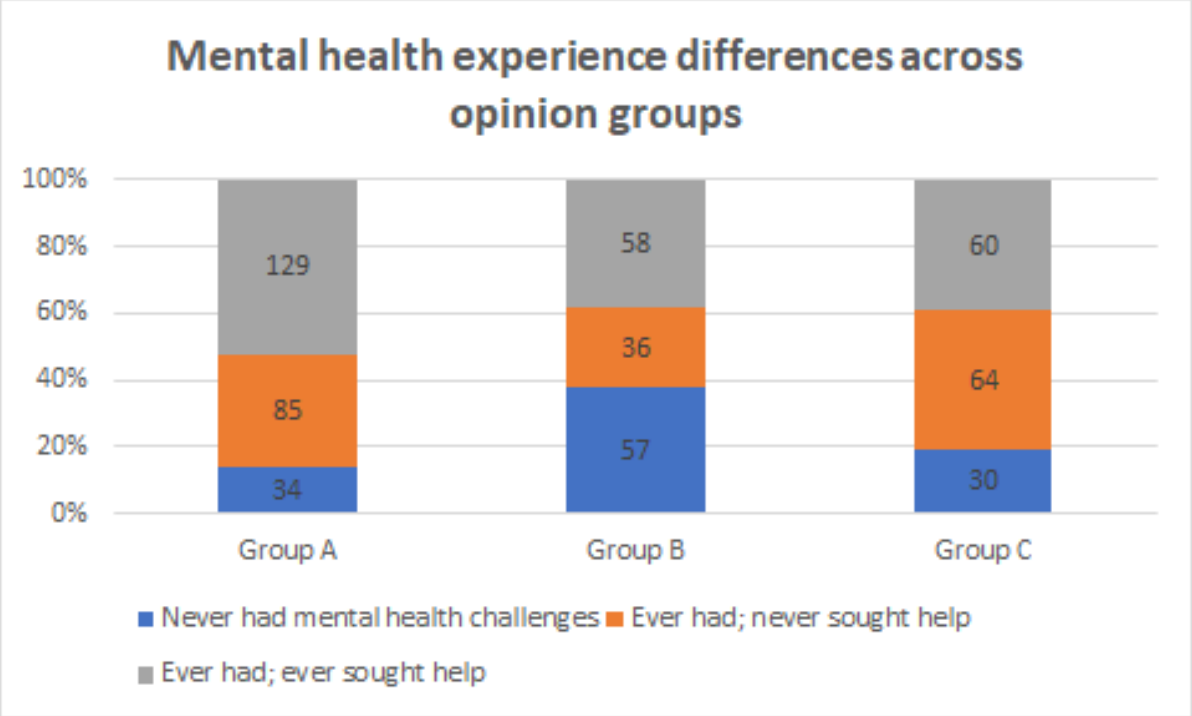


Figure 7. Mental health experience differences across opinion groups



COVID-19 and Mental Health

Overall trends for COVID-19 statements

> ***"I became suicidal as mental health services were initially not prioritised and not being able to see my therapist destabilized me. Thereafter after the successful appeal i was prioritised and allowed to be seen weekly as I was still at high risk."***
>
> ***- #AreWeOkay Poll Participant***

Three statements in the poll referred to COVID-19 and its potential impact on participants. **Table 5** summarizes the responses to these statements. With regard to the statement on the impact of restrictions on social interactions/activities, a majority of participants reported that they were impacted by restrictions on social interaction/activities; specifically, a majority of participants agreed that it had negatively affected their mental health (51.2%). Similarly, many felt they were impacted by changes to work and schooling arrangements as a result of COVID-19-related restrictions; specifically, a majority of participants agreed that it had negatively affected their mental health (44.3%). Finally, we also asked participants' perspectives on government initiatives to address the lack of job opportunities among fresh graduates due to COVID-19; participants were split between agreeing (34.4%) or disagreeing (35.3%) with the statement, with many being undecided (30.3%).

Table 5. Participant responses to COVID-19-related statements

COVID-19 Statements	Agree (%)	Disagree (%)	Undecided (%)
The restrictions on social interactions / activities since COVID 19 hit has negatively affected my mental health (n=557)	285 (51.2)	194 (34.8)	78 (14.0)
Changes to work/school arrangements during COVID has negatively affected my mental well being (n=548)	243 (44.3)	201 (36.7)	104 (19.0)
I think government initiatives to address the lack of job opportunities among fresh graduates due to COVID 19 are sufficient (n=541)	186 (34.4)	191 (35.3)	164 (30.3)

Demographic differences for COVID-19 statements

Statement: The restrictions on social interactions/activities since COVID 19 hit have negatively affected my mental health.

In multivariable analysis (**See Appendix A-3**), we found that (i) *residence status*, (ii) *income*, and (iii) *past mental health experiences* were associated with agreement to this statement.

With regard to *residence status,* results indicate that Singapore permanent residents were 1.33 times more likely than Singapore citizens to agree with the statement. With regard to *income.* In general, those who were earning an income were more likely than those who did not have an income to agree to the statement. Some nuances were observed: those of lower and higher income brackets were more likely to agree (<$2999) and those of the highest income ($9000+) were more likely to agree to the statement. With regard to past mental health experience*,* in general, those who identified as ever facing mental health challenges were more likely to agree to the statement. Those who ever sought help were 1.63 times, while those who never sought help were 1.52 times than those who don't identify as having mental health challenges to agree with the statement.

> ***"Got diagnosed with depression. I also couldn't see my (very few) friends nor my therapist since they were deemed to be "non-essential." While I had therapy online, it definitely did not have the same impact as my usual face-to-face sessions."***
>
> ***- #AreWeOkay Poll Participant***

Statement: Changes to work/school arrangements during COVID has negatively affected my mental well being.

In multivariable analysis (**See Appendix A-3**), we found that (i) *age* and (ii) *past mental health experiences* were associated with agreement to this statement.

With regard to *age*, those who were 45-54 years old were less likely than those aged 24 and below to agree with the statement. With regard to *mental health experience***,** in general, those

who identified as ever facing mental health challenges were more likely to agree to the statement. Those who ever sought help were 1.85 times, while those who never sought help were 1.61 times more than those who don't identify as having mental health challenges to agree with the statement.

> ***"Being at home most of the time made managing my health a challenge as I relied on going out and meeting people to keep me occupied and distracted from my negative thoughts."***
>
> ***- #AreWeOkay Poll Participant -***

<u>Statement: I think government initiatives to address the lack of job opportunities among fresh graduates due to COVID 19 are sufficient.</u>

In multivariable analysis (**See Appendix A-3**), we found that occupation was associated with agreement to this statement. With regard to *occupation*, those who were working in admin/clerical occupations were 2.11 times more likely than those who were unemployed to agree to the statement.

Common Ground Sentiments: Perspectives on Mental Health Systems and Vulnerabilities

Overall trends for common ground statements

Common ground statements were defined as statements that had achieved a high level of consensus, either as agreements or disagreements. We identified three key areas of common ground statements; the first being statements surrounding one's perspectives on mental health systems - including factors such as quality, affordability and access; the second being the mental health burden on vulnerable groups; and last being suicide prevention.

Table 6 summarizes the patterns across common ground statements regarding mental health systems. Overall, a majority of participants felt that cost was a barrier to quality mental healthcare in Singapore (78.9%), and that they would claim for the use of mental health services through work insurance, if covered (72.5%). Many thought that mental health treatment should involve both talking therapies and medication (78.7%), that compulsory mental health screening should be conducted in all secondary schools (76.6%), and that the increase in public awareness of mental health has increased their willingness to reach out for mental health support when they need to (63.0%). Finally, in contrast, 52.6% of participants disagreed that the standard of public mental healthcare in Singapore is satisfactory.

> ***"As a young person, it can be difficult to afford mental health. I also find it difficult to use MediSave, as there is a cap. Certain antidepressants are not subsidised."***
>
> ***- #AreWeOkay Poll Participant***

Table 6. Participant responses to common ground statements (mental health systems)

Common Ground Statements (Mental Health Systems)	Agree (%)	Disagree (%)	Undecided (%)
Cost is a barrier to quality mental healthcare in Singapore (n=554)	437 (78.9)	47 (8.5)	70 (12.6)
Mental health treatment should involve both talking therapies (e.g. counselling, therapy) and medication (e.g. psychiatry)	440 (78.7)	42 (7.5)	77 (13.8)

(n=559)			
I think that the standard of public mental healthcare in Singapore is satisfactory (n=557)	90 (16.2)	293 (52.6)	174 (31.2)
I believe that compulsory mental health screening should be conducted in all secondary schools (n=559)	428 (76.6)	58 (10.4)	73 (13.1)
I would claim for the use of mental health services through work insurance, if covered (n=552)	400 (72.5)	78 (14.1)	74 (13.4)
The increase in public awareness of mental health has increased my willingness to reach out for mental health support when I need to (n=554)	349 (63.0)	111 (20.0)	94 (17.0)

Table 7 summarizes the patterns across common ground statements regarding vulnerable groups. Overall, a majority of participants felt that people living with disabilities (89.6%), LGBTQ+ individuals (73.8%), individuals from low-income households (81.8%), and healthcare professionals (85.8%) are at greater mental health risk, and that they should be given additional support.

> ***"Financial insecurity is a huge source of constant stress, affecting the amount of education children can afford. Limited upward mobility due to economic circumstances makes it hard to break the cycle."***
>
> ***- #AreWeOkay Poll Participant***

Table 7. Participant responses to common ground statements (vulnerable groups)

Common Ground Statements (Vulnerable Groups)	**Agree (%)**	**Disagree (%)**	**Undecided (%)**
People living with disabilities are at greater mental health risk. I believe that they should be given additional support. (n=560)	502 (89.6)	19 (3.4)	39 (7.0)
Individuals who identify as LGBTQ+ are at greater mental health risk. I believe that	409 (73.8)	52 (9.4)	93 (16.8)

they should be given additional support (n=554)			
Individuals from low income households are at greater mental health risk. I believe that they should be given additional support (n=561)	459 (81.8)	53 (9.5)	49 (8.7)
Healthcare professionals are at greater mental health risk. I believe that they should be given additional support (n=556)	477 (85.8)	30 (5.4)	49 (8.8)

Table 8 summarizes the patterns across common ground statements regarding suicide prevention. Overall, a majority of participants felt that not enough is being done to prevent suicide in Singapore (79.1%), and the role of parents and the family as a prevention and intervention strategy for children's suicide risk has not been explored enough (89.2%).

> ***"There is only one [suicide] hotline, demand is too high and supply too low. IMH is FULL, patients wait up to 8 hours and I was sent to the general ward because there were no beds. There are limited conversations and support groups and services for suicidal patients and suicide survivors."***
>
> ***- #AreWeOkay Poll Participant***

Table 8. Participant responses to common ground statements (suicide prevention)

Common Ground Statements (Suicide Prevention)	Agree (%)	Disagree (%)	Undecided (%)
I believe that not enough is being done to prevent suicide in Singapore (n=555)	439 (79.1)	33 (6.0)	83 (15.0)
I believe that the role of parents and the family as a prevention and intervention strategy for children's suicide risk has not been explored enough (n=361)*	322 (89.2)	13 (3.6)	26 (7.2)

* This question was added at a later time during the poll and did not obtain as many responses

Divisive Statements: Illuminating The Mental Health Divide

Overall patterns for divisive mental health statements

Unlike the common ground statements presented in the previous section, these statements were more divisive (typically consensus on agreement/disagreement was <60%), and thematically-related to one's own mental health and perceptions of mental health systems in Singapore. Based on our poll sample, a majority of participants leaned toward negative views of the quality, access and cost of mental health services. **Table 9** summarizes these sentiments.

Table 9. Participant responses to mental health-related statements

Mental Health Statements	Agree (%)	Disagree (%)	Undecided (%)
I find it difficult to access information to seek help for my mental health in Singapore (n=549)	254 (46.3)	165 (30.1)	130 (23.7)
I trust that the mental health hotlines available will be helpful in addressing my issues (n=556)	208 (37.4)	167 (30.0)	181 (32.6)
I trust that my mental health diagnoses at public healthcare institutions will remain confidential to prospective employers (n=558)	291 (52.2)	156 (28.0)	111 (19.9)
The increase in public awareness of mental health has increased my willingness to reach out for mental health support when I need to (n=554)	349 (63.0)	111 (20.0)	94 (17.0)
I know how to seek out subsidised mental health services in Singapore (n=553)	164 (29.7)	307 (55.5)	82 (14.8)
I think that the standard of private mental healthcare in Singapore is satisfactory (n=542)	139 (25.7)	141 (26.0)	262 (48.3)
My understanding of mental health conditions have largely been influenced by mainstream media (n=557)	279 (50.1)	206 (37.0)	72 (12.9)

These statements pertain to 'divisive' statements relating to one's own mental health and one's own perceptions of mental health services in Singapore

Demographic differences for divisive mental health statements

We conducted multivariable analyses on the statements above to determine the factors associated with agreement on the respective statements. We present the findings only for statements where statistically-significant demographic attributes were found.

Statement: I find it difficult to access information to seek help for my mental health in Singapore

In multivariable analysis (**See Appendix A-4**), we found that (i) *educational attainment* and (ii) *past mental health experiences* were associated with agreement to this statement.

With regard to *educational attainment*, in general those who had higher levels of education were less likely to agree with this statement. Specifically, those who had university level education were 0.71 times as likely as those with secondary and below educational attainment to agree with the statement. With regard to *past mental health experience,* in general, those who identified as ever facing mental health challenges were more likely to agree to the statement. Those who ever sought help were 1.85 times, while those who never sought help were 1.61 times more than those who don't identify as having mental health challenges to agree with the statement.

> ***"Finding information when seeking help for the first time was difficult for me 6 years ago. Things have improved since then and also since I sought help I had access to information as a patient/person with lived experiences."***
>
> ***"There are resources available, and there has been quite a bit of publicity on, for example, where to seek help. But with the huge increase in attention to mental health, information is everywhere, but in bits and pieces. It can be quite overwhelming trying to navigate and filter information."***
>
> ***- #AreWeOkay Poll Participants***

Statement: I trust that the mental health hotlines available will be helpful in addressing my issues.

In multivariable analysis (**See Appendix A-4**), we found that (i) *residence status*, (ii) *occupation*, (iii) *income*, and (iv) *past mental health experiences* were associated with agreement to this statement.

With regard to *residence status*, non-Singapore residents are 1.8 times as likely as Singapore citizens to agree with the statement. With regard to *occupation*, professionals (0.62 times) and unclassified workers (0.46 times) were less likely to agree with the statement, relative to those unemployed. With regard to *income*, in general, those earning an income were more likely to agree with the statement; however, those of lower income brackets were most likely to agree. With regard to *past mental health experience*, in general, those who identified as ever facing mental health challenges were less likely to agree to the statement. Those who ever sought help were 0.64 times as likely, while those who never sought help were 0.59 times as likely as those who don't identify as having mental health challenges to agree with the statement.

> ***"The hotlines were very unhelpful to me as I needed immediate help. Hotlines are hard to use as the person on the other line might not fully understand the situation."***
>
> ***"I have experiences with both horrendous and excellent hotline services. There needs to be a way to leave feedback! but don't give up calling just bcos of a few bad experiences!"***
>
> ***- #AreWeOkay Poll Participants***

<u>Statement: I know how to seek out subsidised mental health services in Singapore</u>.
In multivariable analysis (**See Appendix A-4**), we found that *past mental health experiences* were associated with agreement to this statement. Specifically, those who never sought help were 0.58 times as likely as those who don't identify as having mental health challenges to agree with the statement, whereas the same trend was not observed for those who ever sought help.

> ***"Smartlocal and Moneydigest provide good summaries of the affordable services/providers available, but I am still unclear of what is required/who would***

fall under subsidised services, and how to navigate through claims through insurance companies."

"The path is long and arduous. You have to go to a polyclinic for a GP referral, and many hospitals are overbooked, and getting an appointment takes time. When you're feeling gloomy, that feels like absolute shit."

- #AreWeOkay Poll Participants

<u>Statement: My understanding of mental health conditions have largely been influenced by mainstream media.</u>

In multivariable analysis (**See Appendix A-4**), we found that (i) *age*, (ii) *educational attainment*, (iii) *religion*, and (iv) *past mental health experiences* were associated with agreement to this statement.

With regard to *age*, in general, those who were older were less likely to agree with this statement. With regard to *educational attainment*, in general, those with higher educational attainment were less likely to agree with the statement. Specifically, the effect was only statistically significant for the association between those who had a postgraduate education (0.69 times as likely as those with secondary education and below to agree). With regard to *religion*, those who had a religion were more likely (1.31 times as likely) than those without to agree with this statement. With regard to *past mental health experience*. Those who ever sought help were 0.69 times as likely as those who don't identify as having mental health challenges to agree with the statement. But the same trend was not observed for those who never sought help.

At the beginning, yes, I thought hospitals looked like prisons out of horror movies and patients are scary and dangerous based on what I saw in Hollywood shows. After volunteering at imh i learnt it was not the case. Now as an advocate I do not base my understanding on the media."

"Trustworthy resources on mental health are sorely lacking in mainstream media, especially in Singapore."

- ***#AreWeOkay Poll Participant***

Barriers to Accessing Mental Health Support or Treatment

Finally, we explored the factors associated with not accessing formal treatment/support for past mental health challenges, only among participants who identified as ever having or experiencing mental health challenges (n=437). We sought to determine the differences in demographics, as well as sentiments between those who had ever sought help (n=250) and those who had never sought help (n=187).

Demographic attributes associated with ever seeking help

We estimated the adjusted prevalence ratios for demographic attributes associated with ever seeking help (see **Appendix A-5**). After controlling for age, gender, sexual orientation, residence status, occupation, income, educational attainment and religion, we found that those who were earning less than S$2999 were 1.42 times more likely than those who did not earn an income, and those who had university educational attainment were 1.46 time more likely than those who had secondary and below educational attainment, to ever seek help.

Sentiments associated with ever seeking help

We explored the adjusted prevalence ratios for sentiments associated with ever seeking help (See **Appendix A-6**). Separate models were executed for each statement alongside covariates, controlling for age, gender, sexual orientation, residence status, occupation, income, educational attainment and religion, we found that those who agreed with the statement that "*I know how to seek out subsidised mental health services in Singapore*" were 1.46 more likely than those who didn't, and those who agreed to the statement that "*I think that the standard of private mental healthcare in Singapore is satisfactory*" were 1.35 more likely than those who didn't to have ever sought help. Conversely, those who agreed with the statement "I would claim for the use of mental health services through work insurance, if covered" were 0.84 times as likely, while those who agreed with the statement "*My understanding of mental health conditions have largely been influenced by mainstream media*" were 0.76 times as likely as those who didn't to have ever sought help.

Discussion

Several key findings have emerged in the results of this poll. These findings span issues of utilising the local mental healthcare system, of public knowledge and awareness, and of mental health needs on the ground.

First, and most downstream, this poll highlighted that there are certain groups that are widely perceived to be at greater mental health risk, thus warranting additional mental health support. These groups include healthcare workers, individuals in the LGBTQ+ community, people living with disabilities, and individuals from low-income households. The literature has consistently shown strong associations between poor mental health and these groups of people.

With regards to low socioeconomic status, studies have broadly recognised that lower socioeconomic status has been associated with poorer mental health,[13,14] as well as demonstrated associations based on specific age groups,[15,16] and specific mental health conditions.[17,18] Individuals with disabilities have also been found to report an elevated level of mental distress relative to the general population.[19] Due to the nature of the work done by healthcare professionals, burnout has been regarded as a "global crisis" even since before the pandemic[20]. With the pandemic, symptoms of various mental health conditions such as depression, anxiety, and post-traumatic stress disorder have been found to be increased among

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frontline healthcare staff[21], including in Singapore[22]. Increased prevalence of mental ill-health has been well-documented in LGBTQ populations internationally through systematic reviews and meta-analyses[23] [24], spanning depression, anxiety, suicide attempts, suicides and substance-related problems[25].

Apart from the vulnerable groups above, we found that those who had a history of mental health challenges were more likely to be worse off as a result of the impact of COVID-19. Overall, this aligns with existing evidence that the pandemic has led to not only an increase in anxiety and stress in the general population,[26] but has led to a worsening of symptoms among individuals with pre-existing conditions.[27]

Second, accessing quality mental healthcare in Singapore is perceived as challenging. Not only did a majority of respondents cite cost as a barrier to accessing care, but they also found the existing care available to be unsatisfactory. When comparing individuals who have ever experienced mental health challenges with individuals who have not, the former group faced difficulties in navigating the mental health system and were less likely to trust that existing measures will address their issues.

In terms of seeking subsidised treatment in the public healthcare system, while the consultation cost of seeing a psychiatrist in an outpatient clinic of the Institute of Mental Health (IMH) of S$37

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(adults)[28] is on par with that of subsidised costs to see other medical specialists in restructured hospitals[29], there remain barriers to care considering the specifics of mental healthcare needs. More work needs to be done to investigate the financial barriers that may be associated with varying conditions to better-inform financing systems that may address such gaps in mental healthcare access.

While government efforts thus far have been addressing social stigma surrounding mental illnesses, our report highlights a need to go beyond individual, interpersonal and community-level stigma--and to consider structural stigma. Structural stigma refers to institutional policies, cultural norms and societal level conditions which constrain the wellbeing and opportunities of stigmatised populations[30]. Indeed--while it was heartening to note that a majority of our poll respondents agreed that the increase in public awareness of mental health has increased their willingness to seek mental health support, a fifth of the respondents disagreed with this statement. There is no doubt that social stigma towards individuals with mental illnesses needs to be tackled in a way that addresses Singapore-specific factors and mindsets[31]. Still, our poll has demonstrated that more systemic factors such as cost, availability and navigability of mental healthcare in Singapore need to be addressed in a dedicated national mental health strategy, alongside social stigma.

Our findings do surface some opportunities for improving mental healthcare access. For instance, a majority of respondents cited that they would claim mental health-related expenses if they were covered by their workplace insurance. While cost is at present a barrier to seeking care, perhaps alternative ways of financing mental health care are possible. In a similar vein, the Community Health Assist Scheme (Chas) subsidises care of stable mental illness at certain general practice clinics under the Mental Health General Practitioner Partnership Programme[32], but perhaps services provided by alternative bodies can be eligible for MediSave claims as well

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- such as *Shan You* Counselling, *Silver Ribbon* and *Limitless* - as has been suggested previously[33].

A third theme that this poll brought forward is upstream, with regard to prevention of poor mental health and suicide. With regards to suicide prevention, a majority of participants believed that current efforts are insufficient, with support systems such as the family being currently under-explored. Most respondents supported early screening of mental health conditions as well, suggesting an overall affirmation of upstream prevention of poor mental health. Research from elsewhere has shown that mental health screening in schools are an important cornerstone of a transformative mental health system,[34] but must be approached sensitively, tailored to the needs of the students in specific school environments (not a one-size-fits-all approach), and must include the appropriate follow-up interventions.[35] Early screening for mental health problems has also been argued to be cost-effective.[36]

The mainstream media also emerged as a key influence on their perception of and willingness to seek help for mental health. Studies have found that the media plays a strong role in perpetuating mental health stigma in society,[37] however, it also has the power to reshape narratives and also be a force that can help delink mental health diagnoses from stigmatizing narratives.[38] Notwithstanding recent work by the National Council of Social Services to develop guidelines for media reporting of mental health,[39] it is imperative that such guidelines are further developed as part of the upstream strategies to mitigate the reproduction and impact of mental health stigma, and that reporters and journalists are encouraged to apply them in their work through institutional policies in the media sector.

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[39]https://www.ncss.gov.sg/docs/default-source/ncss-publications-doc/pdfdocument/btl-media-reporting-guide.pdf

We are mindful of several limitations of our study. A key limitation is that the study did not utilize a probability sample of Singaporeans, and thus the general trends cannot be assumed to be representative of the Singapore population. Nevertheless, associations between demographic factors and certain sentiments and mental-health-related outcomes (e.g. the relationship between demographic attributes and ever seeking help for professional mental health services) can still be drawn in a robust manner - these were the key insights that we had focused on in our report. Second, as the poll was short, limitations on the number of questions asked may have led to unmeasured confounders that could have been factors to some outcomes measured in this study, but were missed out. Nevertheless, our study provided rich insight to key areas by soliciting both quantitative responses, as well as qualitative comments.

In spite of these limitations, we proceeded with this study for two main reasons; first, as a proof-of-concept that quick polls to assess the pulse of the community are feasible, and that they provide important quantitative and qualitative insight into the experiences and perceptions of varying groups; second, to grow a ground-up movement and community-based participatory approach that can complement existing representative studies, which take place infrequently and are costly to implement.

Recommendations

Overall, SGMHM proposes one key policy recommendation - that a **whole-of-government (WOG) approach** is urgently needed to build a strong and mentally-healthy Singapore. In practice, we need a **national coordinating body** for mental health reporting into the **Prime Minister's Office (PMO)** with a Minister-in-Charge. This national coordinating body should not just be a taskforce, but a full-fledged agency with dedicated resources and targets *solely* focused on mental wellbeing and mental health, neither should it be subsumed within integrated health as part of the Agency of Integrated Care.[40]

We draw inspiration from the WOG strategic structure and implementation model of the Smart Nation and Digital Government Office (SNDGO) and suggest that this national co-ordinating body may be called the **Mental Wellbeing and Sustainable Development Office (MWSDO),** overseen by a **Ministerial Committee** made up of relevant ministers e.g education, health, manpower and social & family development. Like the SNDGO, the MWSDO would allow the government to be more integrated and responsive to policies that may have implications for mental wellbeing. Also, there are several parallels between MWSD and SNDG; first, both Smart Nation and population mental health are integral parts of nation building; second, in a Smart Nation, we would see transformations across several domains such as health, transport, urban solutions, finance, and education - and we expect the same for policies addressing mental wellbeing in Singapore; third, Smart Nation involves the development of strong system foundations, which would be integral to sustainable approaches to promoting wellbeing as well.

Our report provides insight into the potential scope of policies that may be associated with mental wellbeing, which support the above proposal towards establishing the MWSDO. We have three key findings in our report.

First, our findings highlighted consensus among participants that there are indeed groups that are at greater mental health risk, which underscores the downstream impact of complex social, political, and occupational dynamics and policies that intersect to impact these groups. A central coordinating body would allow us to address such complexities and develop equitable policies that span across ministries.

[40] An example would be New Zealand's Mental Health and Wellbeing Commission: https://www.mhwc.govt.nz/the-initial-commission/

Second, our findings highlighted how participants in general felt that access, affordability, and quality of mental healthcare were still key issues that remained barriers to promoting mental well-being among Singaporeans. Those who identified with ever having mental health challenges were more likely to hold such views, therefore enhancing the validity of these sentiments. A national coordinating body can be tasked with assessing such outcomes on a regular basis, and would be well-situated to be an authoritative resource on mental health-related information, mental healthcare financing, and other evidence-based resources on mental health in Singapore. This national coordinating body should also play a leading role in synthesizing best practices, and subsequently informing and coordinating the work of both government and community mental health agencies.

Third, our findings highlighted upstream factors in the promotion of mental health and well-being, such as the influence of media and policies to prevent suicide. To address these issues meaningfully, a coordinating body would be required to mobilize interest across sectors such as the media, the family and social sector, the education sector, as well as the health sector to implement mental health campaigns that are effective, and to enact policies that protect our youth and those who may be more vulnerable due to the impact of established social determinants of health such as socioeconomic status, gender identity, sexual orientation, and occupation. More work also needs to be done to investigate and delineate additional social determinants of mental health.

This call for a whole-of-government approach to promoting mental health and well-being is not new; calls have been made in parliament by Anthea Ong as well as SGMHM in the past. The #AreWeOkay poll reiterates the importance of such reforms, which will go a long way in alleviating suffering and optimizing mental health outcomes for those who call Singapore home and for us to emerge stronger and build back better, and kinder as a nation in a new COVID-19 norm.

Appendix

A-1. Demographics of participants

Age (n=561)	**n**	**%**
<24	145	25.8%
25-34	140	25.0%
35-44	122	21.7%
45-54	112	20.0%
55+	42	7.5%
Gender (n=561)		
Female	409	72.9%
Male	131	23.4%
Others	21	3.7%
Sexual Orientation (n=560)		
Heterosexual	429	76.6%
Non-heterosexual	131	23.4%
Residence Status (n=561)		
Singapore Citizen	522	93.0%
Singapore PR	28	5.0%
Non-Singapore Resident	11	2.0%
Occupation (n=561)		
Unemployed	163	29.1%
Self-employed	47	8.4%
Professionals	192	34.2%
Administrative	81	14.4%

Blue collar	34	6.1%
Not classified	44	7.8%
Educational Attainment (n=560)		
Secondary and below	48	8.6%
Pre-tertiary	154	27.5%
University	236	42.1%
Postgraduate	122	21.8%
Income (n=561)		
No income	164	29.2%
<$2999	126	22.5%
$3000-$4999	111	19.8%
$5000-$8999	86	15.3%
$9000+	74	13.2%
Religion (n=559)		
No religion	194	34.7%
Has a religion	365	65.3%
Mental Health Lived Experience (n=560)		
Have/had mental health challenge(s) & sought professional help	250	44.6%
Have/had mental health challenge(s) & never sought professional help	187	33.4%
I have never experienced any mental health challenges before	123	22.0%

A-2. Demographic differences across opinion groups

Demographic differences across opinion groups (chi-square p<0.05)

Variable	Attribute	Group A		Group B		Group C	
		n	%	n	%	n	%
Age	<24	82	33.1	23	15.2	39	25.2
	25-34	62	25.0	37	24.5	39	25.2
	35-44	47	19.0	40	26.5	34	21.9
	45-54	36	14.5	42	27.8	33	21.3
	55+	21	8.5	9	6.0	10	6.5
Gender	Female	180	72.6	101	66.9	125	80.7
	Male	54	21.8	48	31.8	26	16.8
	Other	14	5.7	2	1.3	4	2.6
Occupation	Unemployed	80	32.3	31	20.5	51	32.9
	Self-employed	20	8.1	6	4.0	21	13.6
	Professionals	77	31.1	59	39.1	53	34.2
	Admin/Clerical	35	14.1	29	19.2	15	9.7
	Blue collar	17	6.9	12	8.0	4	2.6
	Not classified	19	7.7	14	9.3	11	7.1
Religion	No religion	106	42.9	44	29.1	40	26.0
	Has a religion	141	57.1	107	70.9	114	74.0
Mental health experience	Never had mental health challenges	34	13.7	57	37.8	30	19.5
	Ever had; never sought help	85	34.3	36	23.8	64	41.6
	Ever had; ever sought help	129	52.0	58	38.4	60	39.0

A-3. Demographic differences for COVID-19 statements

Adjusted prevalence ratios for agreement to statement on the negative impact of social restrictions on mental health

Demographics	Attributes	Adjusted PR	LCI	UCI	p-value
Age (Ref<24 years old)	25-34	0.96	0.75	1.23	0.769
	35-44	0.96	0.73	1.26	0.777
	45-54	0.75	0.55	1.02	0.062
	55 and above	0.87	0.60	1.27	0.481
Gender (Ref=Female)	Male	1.04	0.85	1.27	0.703
	Others	1.21	0.87	1.70	0.259
Sexual Orientation (Ref=Heterosexual)	Non-Heterosexual	1.03	0.84	1.26	0.798
Residence Status (Ref=Citizen)	**Singapore Permanent Resident**	**1.33**	**1.01**	**1.75**	**0.044**
	Non-Singapore Resident	1.39	0.87	2.21	0.163
Occupation (Ref=Unemployed)	Self-Employed	1.22	0.84	1.78	0.297
	Professionals	0.80	0.56	1.15	0.230
	Admin / Clerical	0.80	0.54	1.19	0.263
	Blue Collar	1.00	0.66	1.53	0.985
	Not Classified	1.03	0.71	1.50	0.885
Income (Ref=No income)	**<$2999**	**1.41**	**1.03**	**1.93**	**0.034**
	$3000-$4999	1.25	0.85	1.82	0.252
	$5000-$8999	1.23	0.82	1.85	0.310
	$9000 and above	**1.55**	**1.03**	**2.35**	**0.037**
Education (Ref=Secondary and below)	Pre-Tertiary	0.91	0.68	1.21	0.508
	University	0.90	0.66	1.23	0.500
	Postgraduate	0.88	0.62	1.24	0.459
Religion (Ref=No Religion)	Has a Religion	1.16	0.98	1.38	0.082
Mental Health (Ref=No Challenges)	**Mental Health Challenge, Never Sought Help**	**1.52**	**1.15**	**2.00**	**0.003**
	Mental Health Challenge, Ever Sought Help	**1.63**	**1.24**	**2.13**	**0.000**

Adjusted prevalence ratios for agreement to statement on measures to support new graduates

Demographics	Attributes	Adjusted PR	LCI	UCI	p-value
Age (Ref<24 years old)	25-34	0.90	0.61	1.31	0.576
	35-44	0.78	0.52	1.18	0.243
	45-54	0.93	0.60	1.44	0.739
	55 and above	1.08	0.67	1.74	0.755
Gender (Ref=Female)	Male	1.27	0.98	1.64	0.073
	Others	0.85	0.38	1.88	0.682
Sexual Orientation (Ref=Heterosexual)	Non-Heterosexual	1.11	0.83	1.50	0.487
Residence Status (Ref=Citizen)	Singapore Permanent Resident	1.17	0.71	1.91	0.538
	Non-Singapore Resident	0.48	0.13	1.74	0.261
Occupation (Ref=Unemployed)	Self-Employed	1.12	0.55	2.29	0.754
	Professionals	1.68	0.90	3.11	0.101
	Admin / Clerical	**2.11**	**1.13**	**3.96**	**0.019**
	Blue Collar	1.92	0.97	3.80	0.060
	Not Classified	1.88	0.95	3.71	0.069
Income (Ref=No income)	<$2999	0.90	0.51	1.58	0.711
	$3000-$4999	0.84	0.46	1.54	0.576
	$5000-$8999	0.87	0.46	1.62	0.651
	$9000 and above	1.12	0.58	2.15	0.736
Education (Ref=Secondary and below)	Pre-Tertiary	0.73	0.45	1.19	0.204
	University	1.13	0.71	1.82	0.607
	Postgraduate	0.72	0.42	1.24	0.232
Religion (Ref=No Religion)	Has a Religion	1.08	0.84	1.38	0.555
Mental Health (Ref=No Challenges)	Mental Health Challenge, Never Sought Help	1.11	0.80	1.55	0.533
	Mental Health Challenge, Ever Sought Help	1.07	0.77	1.47	0.696

Adjusted prevalence ratios for agreement to statement on the negative impact of work/school arrangements on mental health

Demographics	Attributes	Adjusted PR	LCI	UCI	p-value
Age (Ref<24 years old)	25-34	0.91	0.69	1.19	0.482
	35-44	1.00	0.74	1.34	0.981
	45-54	**0.64**	**0.43**	**0.95**	**0.025**
	55 and above	1.02	0.65	1.61	0.924
Gender (Ref=Female)	Male	0.86	0.67	1.09	0.203
	Others	1.26	0.85	1.86	0.256
Sexual Orientation (Ref=Heterosexual)	Non-Heterosexual	1.12	0.90	1.40	0.315
Residence Status (Ref=Citizen)	Singapore Permanent Resident	1.28	0.93	1.76	0.127
	Non-Singapore Resident	1.18	0.54	2.58	0.674
Occupation (Ref=Unemployed)	Self-Employed	0.70	0.42	1.17	0.174
	Professionals	0.70	0.46	1.06	0.095
	Admin / Clerical	0.73	0.47	1.14	0.172
	Blue Collar	0.75	0.44	1.29	0.301
	Not Classified	0.86	0.56	1.33	0.497
Income (Ref=No income)	<$2999	1.29	0.89	1.87	0.175
	$3000-$4999	1.41	0.91	2.20	0.126
	$5000-$8999	0.96	0.57	1.62	0.877
	$9000 and above	1.62	0.96	2.73	0.073
Education (Ref=Secondary and below)	Pre-Tertiary	1.14	0.79	1.63	0.483
	University	1.19	0.82	1.73	0.359
	Postgraduate	1.13	0.75	1.72	0.555
Religion (Ref=No Religion)	Has a Religion	1.22	1.00	1.48	0.056
Mental Health (Ref=No Challenges)	**Mental Health Challenge, Never Sought Help**	**1.61**	**1.13**	**2.29**	**0.009**
	Mental Health Challenge, Ever Sought Help	**1.85**	**1.32**	**2.60**	**0.000**

A-4. Demographic differences for divisive mental health statements

Adjusted prevalence ratios for agreement to statement on difficulty in accessing mental health info

Demographics	Attributes	Adjusted PR	LCI	UCI	p-value
Age (Ref<24 years old)	25-34	1.04	0.79	1.38	0.767
	35-44	0.95	0.70	1.29	0.721
	45-54	0.76	0.53	1.09	0.132
	55 and above	1.08	0.72	1.63	0.703
Gender (Ref=Female)	Male	1.05	0.84	1.30	0.679
	Others	1.25	0.87	1.79	0.236
Sexual Orientation (Ref=Heterosexual)	Non-Heterosexual	1.02	0.82	1.27	0.866
Residence Status (Ref=Citizen)	Singapore Permanent Resident	1.04	0.69	1.58	0.845
	Non-Singapore Resident	0.78	0.36	1.68	0.518
Occupation (Ref=Unemployed)	Self-Employed	1.48	1.00	2.20	0.051
	Professionals	1.08	0.72	1.64	0.703
	Admin / Clerical	1.13	0.73	1.73	0.587
	Blue Collar	1.37	0.86	2.18	0.184
	Not Classified	0.80	0.48	1.35	0.409
Income (Ref=No income)	<$2999	0.88	0.61	1.26	0.474
	$3000-$4999	0.89	0.59	1.35	0.581
	$5000-$8999	1.01	0.66	1.57	0.948
	$9000 and above	0.84	0.51	1.41	0.519
Education (Ref=Secondary and below)	Pre-Tertiary	0.76	0.57	1.01	0.058
	University	**0.71**	**0.51**	**0.97**	**0.030**
	Postgraduate	0.72	0.51	1.04	0.078
Religion (Ref=No Religion)	Has a Religion	1.12	0.93	1.36	0.235
Mental Health (Ref=No Challenges)	**Mental Health Challenge, Never Sought Help**	**1.73**	**1.26**	**2.37**	**0.001**
	Mental Health Challenge, Ever Sought Help	**1.52**	**1.11**	**2.09**	**0.010**

Adjusted prevalence ratios for agreement to statement on helpfulness of mental health hotlines

Demographics	Attributes	Adjusted PR	LCI	UCI	p-value
Age (Ref<24 years old)	25-34	0.82	0.56	1.21	0.319
	35-44	1.35	0.94	1.94	0.105
	45-54	1.40	0.96	2.05	0.081
	55 and above	1.49	0.98	2.26	0.062
Gender (Ref=Female)	Male	1.05	0.83	1.33	0.673
	Others	0.18	0.03	1.30	0.089
Sexual Orientation (Ref=Heterosexual)	Non-Heterosexual	0.96	0.71	1.30	0.779
Residence Status (Ref=Citizen)	Singapore Permanent Resident	0.91	0.59	1.41	0.673
	Non-Singapore Resident	**1.80**	**1.14**	**2.84**	**0.012**
Occupation (Ref=Unemployed)	Self-Employed	0.56	0.33	0.96	0.034
	Professionals	**0.62**	**0.39**	**1.00**	**0.050**
	Admin / Clerical	0.71	0.43	1.15	0.160
	Blue Collar	0.79	0.46	1.34	0.384
	Not Classified	**0.46**	**0.24**	**0.89**	**0.021**
Income (Ref=No income)	**<$2999**	**2.05**	**1.28**	**3.28**	**0.003**
	$3000-$4999	**2.03**	**1.20**	**3.44**	**0.009**
	$5000-$8999	1.46	0.86	2.48	0.164
	$9000 and above	1.44	0.84	2.45	0.185
Education (Ref=Secondary and below)	Pre-Tertiary	1.01	0.63	1.60	0.981
	University	1.18	0.73	1.90	0.509
	Postgraduate	1.31	0.79	2.17	0.289
Religion (Ref=No Religion)	Has a Religion	1.03	0.82	1.30	0.802
Mental Health (Ref=No Challenges)	**Mental Health Challenge, Never Sought Help**	**0.59**	**0.44**	**0.77**	**0.000**
	Mental Health Challenge, Ever Sought Help	**0.64**	**0.50**	**0.82**	**0.000**

Adjusted prevalence ratios for agreement to statement on knowing how to seek subsidised mental health

Demographics	Attributes	Adjusted PR	LCI	UCI	p-value
Age (Ref<24 years old)	25-34	1.14	0.78	1.65	0.500
	35-44	1.09	0.70	1.68	0.713
	45-54	0.80	0.47	1.37	0.420
	55 and above	0.91	0.48	1.72	0.762
Gender (Ref=Female)	Male	1.11	0.83	1.49	0.469
	Others	0.80	0.41	1.54	0.499
Sexual Orientation (Ref=Heterosexual)	Non-Heterosexual	1.21	0.88	1.65	0.235
Residence Status (Ref=Citizen)	Singapore Permanent Resident	0.57	0.22	1.45	0.236
	Non-Singapore Resident	1.36	0.62	2.96	0.443
Occupation (Ref=Unemployed)	Self-Employed	0.89	0.43	1.85	0.756
	Professionals	1.31	0.69	2.50	0.415
	Admin / Clerical	0.91	0.45	1.86	0.805
	Blue Collar	1.04	0.48	2.24	0.925
	Not Classified	1.59	0.81	3.13	0.176
Income (Ref=No income)	<$2999	0.93	0.52	1.67	0.819
	$3000-$4999	0.85	0.44	1.64	0.620
	$5000-$8999	0.57	0.28	1.16	0.122
	$9000 and above	0.77	0.36	1.63	0.495
Education (Ref=Secondary and below)	Pre-Tertiary	0.97	0.61	1.55	0.907
	University	0.92	0.56	1.49	0.720
	Postgraduate	0.82	0.48	1.43	0.488
Religion (Ref=No Religion)	Has a Religion	1.06	0.81	1.38	0.670
Mental Health (Ref=No Challenges)	**Mental Health Challenge, Never Sought Help**	**0.58**	**0.37**	**0.91**	**0.017**
	Mental Health Challenge, Ever Sought Help	1.19	0.83	1.69	0.344

Adjusted prevalence ratios for agreement to statement on the influence of mainstream media on understanding of mental health

Demographics	Attributes	Adjusted PR	LCI	UCI	p-value
Age (Ref<24 years old)	**25-34**	**0.74**	**0.58**	**0.96**	**0.023**
	35-44	0.78	0.60	1.01	0.058
	45-54	**0.68**	**0.51**	**0.90**	**0.007**
	55 and above	0.78	0.55	1.11	0.173
Gender (Ref=Female)	Male	1.03	0.85	1.25	0.764
	Others	0.68	0.37	1.23	0.201
Sexual Orientation (Ref=Heterosexual)	Non-Heterosexual	1.13	0.92	1.38	0.234
Residence Status (Ref=Citizen)	Singapore Permanent Resident	1.06	0.72	1.57	0.753
	Non-Singapore Resident	0.49	0.17	1.38	0.176
Occupation (Ref=Unemployed)	Self-Employed	1.21	0.75	1.96	0.427
	Professionals	1.21	0.79	1.86	0.379
	Admin / Clerical	1.43	0.93	2.19	0.100
	Blue Collar	1.35	0.85	2.16	0.205
	Not Classified	1.02	0.62	1.68	0.926
Income (Ref=No income)	<$2999	1.05	0.71	1.57	0.801
	$3000-$4999	0.98	0.63	1.52	0.914
	$5000-$8999	1.01	0.64	1.60	0.964
	$9000 and above	1.01	0.62	1.63	0.982
Education (Ref=Secondary and below)	Pre-Tertiary	0.91	0.68	1.23	0.547
	University	0.98	0.72	1.33	0.886
	Postgraduate	**0.69**	**0.47**	**1.00**	**0.050**
Religion (Ref=No Religion)	**Has a Religion**	**1.31**	**1.09**	**1.58**	**0.004**
Mental Health (Ref=No Challenges)	Mental Health Challenge, Never Sought Help	0.94	0.76	1.17	0.573
	Mental Health Challenge, Ever Sought Help	**0.69**	**0.55**	**0.86**	**0.001**

A-5. Demographic attributes associated with ever seeking help

Adjusted prevalence ratios for demographic attributes associated with ever seeking help

Demographics	Attributes	Adjusted PR	LCI	UCI	p-value
Age (Ref<24 years old)	25-34	1.03	0.81	1.31	0.807
	35-44	1.09	0.83	1.42	0.544
	45-54	1.11	0.81	1.53	0.527
	55 and above	1.18	0.79	1.78	0.422
Gender (Ref=Female)	Male	1.05	0.87	1.28	0.605
	Others	1.29	0.90	1.84	0.163
Sexual Orientation (Ref=Heterosexual)	Non-Heterosexual	1.05	0.86	1.29	0.625
Residence Status (Ref=Citizen)	Singapore Permanent Resident	0.89	0.57	1.39	0.615
	Non-Singapore Resident	1.16	0.62	2.19	0.637
Occupation (Ref=Unemployed)	Self-Employed	0.68	0.44	1.05	0.084
	Professionals	0.76	0.52	1.11	0.152
	Admin / Clerical	0.81	0.55	1.21	0.305
	Blue Collar	0.58	0.32	1.04	0.067
	Not Classified	0.75	0.49	1.13	0.172
Income (Ref=No income)	<$2999	**1.42**	**1.01**	**2.00**	**0.044**
	$3000-$4999	1.21	0.81	1.80	0.357
	$5000-$8999	1.07	0.69	1.66	0.755
	$9000 and above	1.06	0.64	1.74	0.827
Education (Ref=Secondary and below)	Pre-Tertiary	1.18	0.82	1.70	0.375
	University	**1.46**	**1.01**	**2.13**	**0.046**
	Postgraduate	1.25	0.82	1.89	0.295

Religion (Ref=No Religion)	Has a Religion	0.97	0.82	1.16	0.759

Abbreviations: PR = Prevalence Ratio; LCI = Lower Confidence Interval; UCI = Upper Confidence Interval

A-6. Sentiments associated with ever seeking help

Adjusted prevalence ratios for sentiments associated with ever seeking help

Seed Statements	**Adjusted PR**	**LCI**	**UCI**	***p***
I find it difficult to access information to seek help for my mental health in Singapore	0.90	0.76	1.06	0.210
I trust that the mental health hotlines available will be helpful in addressing my issues	1.04	0.87	1.25	0.632
I know how to seek out subsidised mental health services in Singapore	**1.46**	**1.25**	**1.71**	**0.000**
Cost is a barrier to quality mental healthcare in Singapore	1.19	0.93	1.51	0.166
Mental health treatment should involve both talking therapies (e.g. counselling, therapy) and medication (e.g. psychiatry)	1.04	0.86	1.27	0.681
I think that the standard of public mental healthcare in Singapore is satisfactory	1.03	0.82	1.31	0.791
I think that the standard of private mental healthcare in Singapore is satisfactory	**1.35**	**1.14**	**1.59**	**0.000**
I believe that compulsory mental health screening should be conducted in all secondary schools	0.91	0.76	1.10	0.348
I trust that my mental health diagnoses at public healthcare institutions will remain confidential to prospective employers	0.94	0.79	1.11	0.445
I would claim for the use of mental health services through work insurance, if covered	**0.84**	**0.71**	**0.99**	**0.034**
People living with disabilities are at greater mental health risk. I believe that they should be given additional support.	1.00	0.76	1.32	0.977
Individuals who identify as LGBTQ+ are at greater mental health risk. I believe that they should be given additional support	1.08	0.87	1.34	0.500

Individuals from low-income households are at greater mental health risk. I believe that they should be given additional support	0.81	0.66	1.00	0.050
Healthcare professionals are at greater mental health risk. I believe that they should be given additional support	0.92	0.73	1.16	0.481
The restrictions on social interactions/activities since COVID-19 hit has negatively affected my mental health	1.07	0.91	1.27	0.392
I think government initiatives to address the lack of job opportunities among fresh graduates due to COVID-19 are sufficient	0.97	0.81	1.16	0.707
Changes to work/school arrangements during COVID-19 has negatively affected my mental well-being	1.12	0.94	1.32	0.201
My understanding of mental health conditions have largely been influenced by mainstream media	**0.76**	**0.64**	**0.91**	**0.002**
The increase in public awareness of mental health has increased my willingness to reach out for mental health support when I need to	1.04	0.87	1.23	0.688
I believe using social media negatively impacts our mental well-being	1.07	0.89	1.27	0.473
I believe that not enough is being done to prevent suicide in Singapore	1.18	0.93	1.50	0.172