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Singapore Youth's Perception of Mental Health Issues

ANDY TAY KAH PING

Abstract

The relatively high incidence of mental health disorders among Singapore's youth in recent years highlights the need to raise youth awareness to destigmatize mental disorders and encourage youth to make informed decisions on mental health issues. Through a literature review, focused group discussions, and surveys, this paper assesses the effectiveness of various intervention strategies in destigmatizing mental health issues. Using a new TLCE2 paradigm, recommendations are made to enhance existing programs by mental health agencies and explore new initiatives to raise mental health awareness. Some of the key recommendations in this paper include the use of phone apps and social media, as well as institution-based talks and seminars, to reach out to youth and remove stigma associated with mental disorders.

Introduction

The World Health Organization (WHO) defines mental health positively as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (WHO, 2009). Positive mental health is therefore more than an absence of mental disorder but also the feeling of well-being. Current

literature describes a few domains of mental well-being such as self-esteem and emotional intelligence, which are often used as the bases for mental health assessment. The National Mental Health Blueprint of Singapore 2007-2012 recognizes mental health as an integral part of overall health, and the need to raise awareness of mental disorders in order to destigmatize them (Institute of Mental Health, 2006). The Singapore Mental Health Study of 2010 has revealed that 1 in 14 young people suffer from major depressive disorders. The percentage is much higher than that for adults (i.e., 1 in 26), showing the need to address mental health issues amongst Singapore's youth.

Objectives and Methodology

This paper aims to propose improvements to existing strategies, and new intervention strategies, to reduce the stigma associated with mental depression among Singaporean youth. This paper first performs a review of existing literature to examine the effectiveness of various intervention strategies that are currently in use. Next, the paper examines the results of a survey that has been carried out on 216 youth respondents to better understand Singaporean youth's perceptions of mental disorders. The paper also looks at the findings of focus group discussions that have been carried out to gather qualitative data complementary to the quantitative survey results. Lastly, this paper recommends several intervention strategies that can help reduce the stigma associated with mental disorders and encourage youth to seek help if they have mental health issues.

Literature Review

Stigma is a social construct and has been defined as a socially discrediting situation of individuals. Goffman (1963) conceptualizes stigma as "the situation of the individual who is disqualified from full social acceptance". This prevailing view of stigma refers to an enacted, perceived, or anticipated social judgment. Crocker et al. (1998) define stigma as "taking place when an objective characteristic of the individual leads to a negatively valued social identity" (Bruce et al., 2001). The word 'stigma' has now entered the public culture to characterize a recognized component of the social impact of disorders (Weiss, Ramakrishna & Somma, 2006).

Strategies to Manage Stigma Associated with Mental Disorders

Rusch, Angermeyer and Corrigan (2005) propose strategies, namely protest, education and contact, to ameliorate stigma associated with mental disorders at a collective level. Protest is a reactive strategy which aims to diminish negative attitudes towards mental disorders. One example is the regulation of mental health content through the media. Social psychological research has found that the protest strategy has led to the suppression of stereotypic thoughts and discriminating behavior. Unfortunately, there are two major problems with suppression. First, suppression is an effortful, resource demanding process that reduces attentional resources, and people are less likely to learn new information that would disconfirm the old stigmatizing stereotype (MacRae et al., 1996). Second, there seems to be a rebound effect to suppressing minority group stereotypes. Subjects, who have been asked to suppress thinking in a stereotypic way, after a while, actually have more stigmatizing thoughts than before (MacRae et al., 1994). Thus, while protest seems to be a useful

way to reduce stigmatizing public behavior, it may be less effective in promoting positive, new attitudes.

The education strategy focuses on providing information so that the public can make more informed decisions on mental disorders. Education on mental health can be done through clarifying the myths associated with mental disorders, and can be provided via channels such as exhibitions and outreaches. This approach to changing stigma has been most thoroughly examined by investigators. Research, for example, has suggested that people with better understanding of mental disorders are less likely to endorse stigma and discrimination (Corrigan & Shapiro, 2010). Nonetheless, the education strategy needs to be carefully crafted to be effective. Campaigns that describe mental disorders as a function of genetic composition often produce mixed results. While emphasizing the genetic origins of mental disorders may lead to destigmatizing outcomes, the decreased optimism for full recovery and increased risk of contracting mental disorders through hereditary means suggest an alternative form of stigma (Phelan, 2005; Cook & Wang, 2011). Hence, while the provision of information on mental disorders seems to reduce negative stereotyping, the types of information conveyed should be chosen strategically.

The contact strategy focuses on providing platforms for the public and patients with mental disorders to interact. These interactions can be physical, face-to-face meetings, and/or indirect ones such as videos and art pieces (i.e., paintings and photographs) produced by mental health patients that allow the public to 'interact' with the patients. Corrigan argues that the contact strategy provides the best form of intervention to reduce stigma associated with mental disorders. It has been found that mental disorder

stigma is diminished when members of the general public meet patients with schizophrenia who are able to hold down jobs or live as good neighbors in the community. However, it is unclear from these studies whether contact leads to diminished stigma or whether people who do not stigmatize are more likely to seek contact (Corrigan & Shapiro, 2010).

Campaigns to destigmatize mental health issues do not solely adopt any one of the three proposed strategies, as using only a single strategy may be ineffective in driving the message across. For instance, through a series of experiments conducted on university students staying in a hostel, Eisenberg, Downs and Golberstein (2012) discover that naturalistic contact alone, without a carefully planned process of disclosure and education, does not necessarily reduce stigma but may actually increase stigma in some contexts. In fact, a combination of strategies needs to be used, and researchers propose that the sequence in which the strategies are used is important to the ultimate goal of reducing stigma. The knowledge-contact strategy is the most popular approach. Pinto-Foltz, Logsdon and Myers (2011) find that the knowledge-contact method is effective in increasing awareness of mental health and stigma reduction over a longer period, compared to the contact-knowledge method. In addition, researchers, who have looked into combining the contact and education strategies for secondary school students in Hong Kong, find that the education-contact combination is more effective in reducing stigma associated with mental disorders than the contact-education combination (Chan, Mak & Law, 2009). These findings suggest that the sequence in which destigmatizing messages are delivered must be carefully planned to achieve the best outcomes.

Barriers to Help-Seeking Behaviors

Multiple studies have identified barriers to help-seeking behaviors in student populations. These include the lack of time, privacy concerns, lack of emotional openness, and financial constraints (Yap, Reavley & Jorm, 2013). Hunt and Eisenberg (2010) suggest that common barriers include lack of a perceived need for help, unawareness of services or insurance coverage, and scepticism of treatment effectiveness. The different types of barriers to help-seeking behaviors can be broadly categorized as (a) structural barriers such as confidentiality of information, high costs, and difficulty in getting appointments with professionals; (b) stigma-related barriers such as fear of labelling by peers and family members; (c) treatment/support-related barriers such as perception that treatment would be ineffective; and (d) other barriers such as religious prohibition and discouragement.

Survey Results and Discussion

To obtain a better understanding of the stigma associated with youth with mental disorders in Singapore, a survey involving 216 respondents aged 17 to 25 is conducted. The survey is preceded by two focus group discussions involving participants with and without formal exposure to mental health content, to yield a qualitative assessment. The survey instrument is administered to the respondents, and their responses are analyzed to determine the specifics of the stigma. The focus of the survey is on depression, which is one of the most prevalent mental disorders amongst Singaporean youth.

In the context of this paper, the term 'formal exposure' refers to any one of three forms of exposure. First, a person with formal exposure may have previously enrolled in psychology courses that touch on mental health issues. Second, he or she may have participated in mental health-related programs organized by non-profit or government organizations. Third, he or she may have participated as a volunteer in mental health projects run by organizations such as the Institute of Mental Health (IMH) or the Singapore Association of Mental Health (SAMH).

Knowledge of Depression: Comparison between Youth with and without Formal Exposure to Mental Health Content

There is no significant difference in knowledge of depression between youth with and without formal exposure to mental health content ($p = 0.398$)[1]. There can be two different interpretations of this data. First, this can mean that youth without formal exposure may be gaining access to mental health information through various informal platforms such as schools, health organizations' outreach efforts, and online articles or videos. The results may be a reflection of the strong efforts by mental health stakeholders in Singapore to increase public awareness of mental health. Alternatively, it can be possible that the various forms of formal exposure are ineffective in filling the information gap that youth have on depression (i.e., where youth with formal exposure are not much more knowledgeable of mental health issues as compared to youth without formal exposure). This means that organizers may need to develop better programs or outreach

[1] A two-tailed test based on the normal distribution is used to determine if there is a significant difference in knowledge of depression between youth with and without formal exposure to mental health content.

methods to transmit the missing information on depression to youth.

Stigma Associated with Depression: Comparison between Youth with and without Formal Exposure to Mental Health Content

The results show that youth who are exposed to mental health content appear to attach slightly less stigma to peers with depression. This shows that additional exposure is useful in helping youth to destigmatize depression. However, there are two caveats to this claim. First, as the youth surveyed often have overlapping forms of exposure to mental health content, it is not possible to pinpoint the single, most efficient method to destigmatize youth with depression. Second, the difference in mental health stigma between youth with and without exposure to mental health content is not statistically significant. This is further corroborated by the poor correlation between mental health knowledge and stigma associated with depression, which is discussed in detail in the next section.

Relationship between Knowledge and Stigma Associated with Depression

There is very poor or no correlation between mental health knowledge and stigma associated with depression for both youth with ($r = 0.0935$) and without ($r = 0.0150$)[2] formal mental health content exposure. This observation is aligned with observations made by other researchers (e.g., Pinto-Foltz, Logsdon & Myers (2011) argue that although initiatives

[2] The r values are the correlation measures, where r=1 suggests a very strong relationship, while r=0 suggests no relationship between mental health knowledge and stigma towards depression.

[3] The In Our Own Voice initiative is meant to boost the mental health literacy of students by exposing them to videos on mental health and presentations by speakers who have recovered from mental disorders. After the program, the students are assessed on whether they have reduced mental disorder stigma.

such as In Our Own Voice[3] are able to improve mental health literacy, there is no analogous reduction in mental disorder stigma). Wahl et al. (2007) suggests that the dose and duration of the intervention may have been insufficient and that it is essential to have sustained contact with the In Our Own Voice presenters. The research by Pinto-Foltz, Logsdon and Myers (2011) also shows that the education-contact intervention method, although superior to other forms of binary combinations, is still insufficient in creating sustainable change in stigma in youth towards depression. Therefore, a new intervention paradigm needs to be designed to create change.

Top Sources of Stigma

The top three sources of stigma, according to the respondents, are lack of knowledge, peers, and the media. However, as noted above, there is no correlation between knowledge and stigma associated with depression. This possibly means that although the respondents feel that more knowledge can help them change their views on depression, their actions and behaviors actually do not reflect what they think would happen with more knowledge on depression (Pinto-Foltz, Logsdon & Myers, 2011). This is probably also a common fallacy that campaign organizers have towards ameliorating mental health stigma. It is thus necessary to note that perceptions and actions do not always match. While knowledge can enable youth to gain a better understanding of depression, it does not guarantee behavioral change.

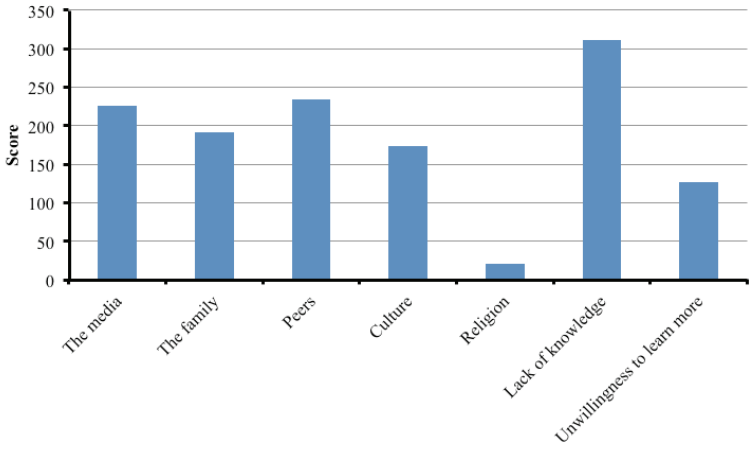

Figure 1. *Sources of stigma*

Peer stigma also comes out as one of the top sources of mental health stigma. This finding is congruent with the research by Moses (2010) which finds that stigma and discriminatory responses are most prevalent amongst patients' peers. Approximately two-thirds of the participants in his research experience at least some stigma from peers, and almost one in five report being socially isolated, unable or unmotivated to forge meaningful connections with peers (Moses, 2010). This demonstrates the need for effective strategies to reduce the stigma associated with mental health problems among youth. Reducing peer stigma is therefore essential in promoting help-seeking behaviors among youth with mental disorders.

Effectiveness of Intervention Strategies

The top three most effective intervention strategies, according to the survey results, are interactions with youth with mental disorders,

volunteering opportunities in mental health agencies, and viewing of short films showcasing successful cases of youth overcoming depression. These three strategies fall under the umbrella contact strategy articulated by Corrigan (2000). Corrigan (2000) argues that the contact strategy is the single most potent method to reduce stigma towards mental disorders, and the survey findings are aligned with his argument. This means that any intervention needs to incorporate a contact element. It is important for youth to interact with their peers who have depression, to allow the former to gain a better appreciation of mental disorders and consequently, reduce stigma associated with depression.

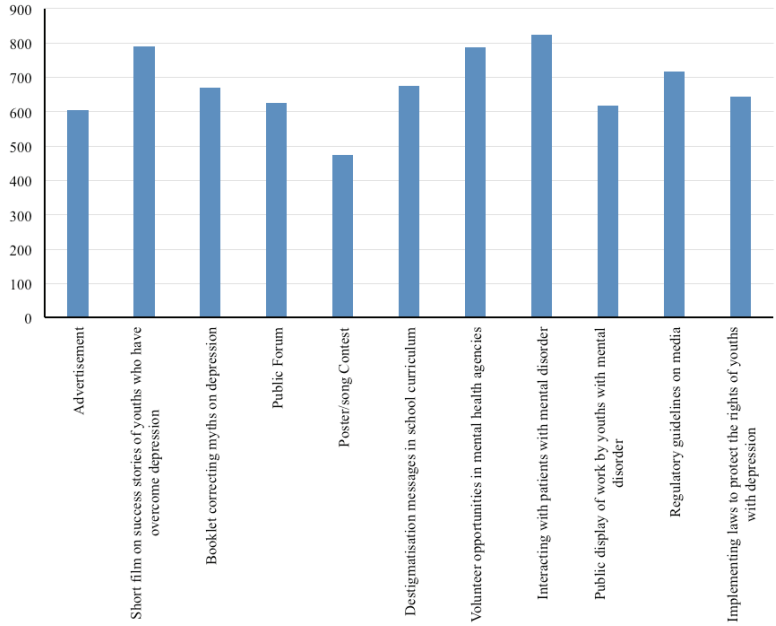

Figure 2. Perceived effectiveness of intervention strategies

Nonetheless, research has shown that naturalistic contact alone does not necessarily yield a reduction in stigma associated with mental disorders (Eisenberg, Downs & Golberstein, 2012). Previous studies also suggest that reductions in stigma are more likely when the interpersonal contact is a deliberate choice. Improving the quality of contact and the contact experience only moderately challenges existing stereotypes. It has been suggested that proposed intervention strategies should combine interpersonal contact with some form of education or guidance, to help people interpret their experiences during this contact. Such a combination is not difficult to design and implement because the educational and contact experiences can be jointly incorporated into activities such as volunteering or workshops.

Recommendation of Help

The majority (i.e., approximately 97 percent) of youth in both groups surveyed recommend help for peers showing signs of depression. This finding is positive as it shows that youth are receptive to recommending help to their peers who are showing signs of depression even if they have not received formal exposure to mental health content. It is thus important for health agencies in Singapore to ensure that youth can identify the symptoms of depression and be informed of the various forms of help that they can recommend to their friends in need. 73.1 percent of the respondents know where to seek resources on depression, but only 31.3 percent of the respondents know about the organizations that support destigmatization of mental disorders. It may be useful to find out where youth seek resources on depression from, as most of them are unaware of the support from mental health agencies. Such information can help these

agencies to improve their youth outreach programs.

As shown in Figure 3, the top four choices of help recommended for peers showing signs of depression are sharing of worries with the affected friends, meeting school counsellors, speaking to parents, and writing to peer support platforms. Of these four choices, only the option of meeting school counsellors belongs to the professional help category. This shows that youth are still averse to seeking professional help, and prefer to recommend non-professional help to their peers. These results show that it is important to equip non-professionals, including youth, with knowledge required to help their peers who are suffering from depression. The top three choices also reflect the need for strong working relations amongst peers, families, and school administrators, as they are often the most immediate and accessible form of help for youth. Building a tight network amongst them can facilitate information exchange, allowing earlier detection of depressive symptoms in youth.

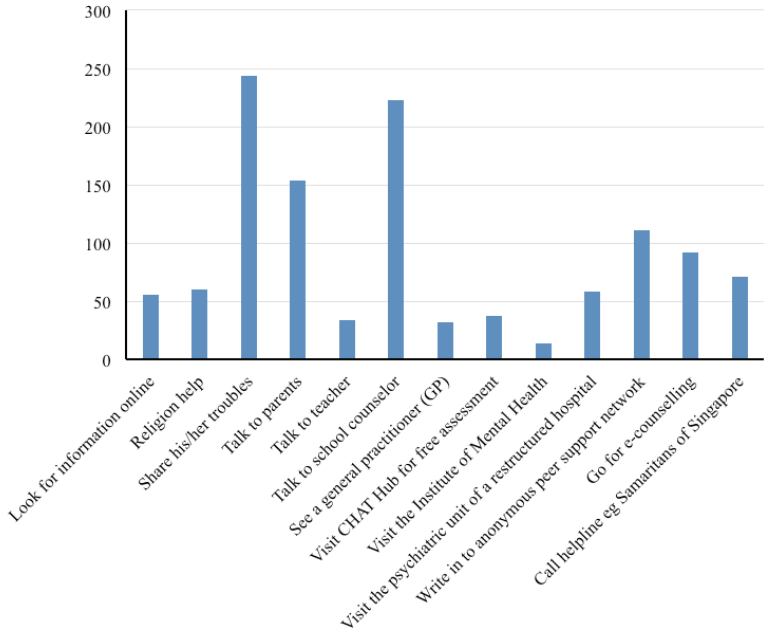

Figure 3. Recommended help for peers

As can be seen in Figure 4, the top four actions youth would take if they know that they are showing signs of depression are talking to peers, talking to parents, finding information online, and talking to school counsellors. These top choices are similar to the top choices for recommended help for peers showing signs of depression. It is, however, surprising that professional help from school counsellors is not one of the top three choices for personal help as the youth prefer to seek information online. This means that it is necessary for mental health agencies in Singapore to have strong online presence so that youth are able to locate accurate information online (Finkelstein & Lapshin, 2007). Seeking peer

support is the first action youth would take if they feel that they are showing signs of depression. This finding is consistent with existing research by Burns and Rapee (2006), who report that friends are rated by over 40 percent of their research sample as a good option for help. This finding reinforces the importance of mental health literacy for all adolescents. It is also known that peer groups are an increasingly influential source of support across adolescents, and peer mentoring and 'buddy systems' have been used successfully in several mental health programs (Burns & Rapee, 2006).

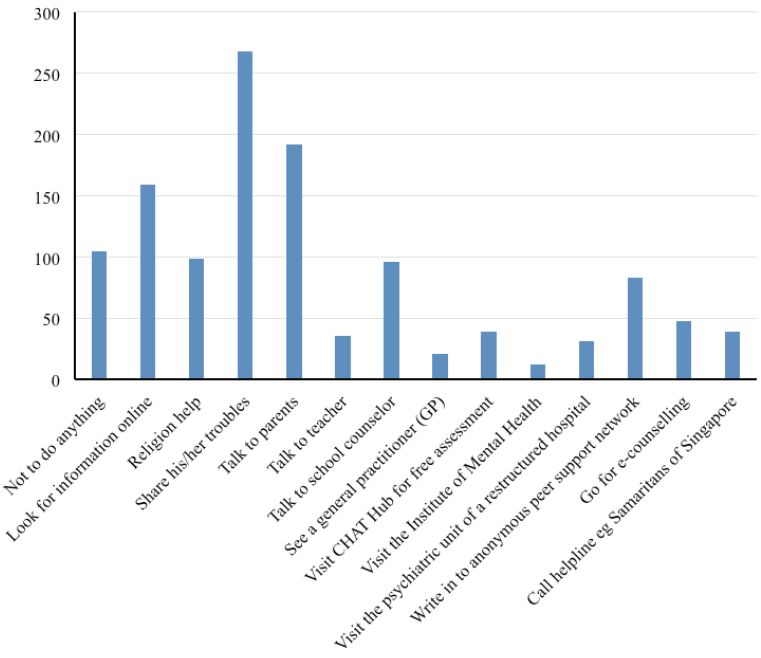

Figure 4. Recommended help for oneself

Barriers to Seeking Help

As shown in Figure 5, the top two barriers to help-seeking behaviors are peer stigma and lack of information on where to seek help. The strong influence of peer stigma is congruent with extant literature. The greatest number of respondents expect to experience stigmatization by peers (62 percent), likely leading to friendship losses and transitions. The respondents who do not expect peer stigmatization may have thoughts of socializing with others 'in the same boat', concealing problems, or avoiding potentially stigmatizing interactions (Moses, 2010). On the positive side, identifying and affiliating with similarly situated peers can be an effective strategy for coping with social stigma, as this provides options for preserving self-esteem by favorable social validation and emotional support (Crocker & Quinn, 2000). On the negative side, affiliation only with a stigmatized group limits one's social circle and mastery of skills for interacting with others. From these survey results, we can hence see the importance of youth and their peers in promoting help-seeking behaviors. Peer stigma is a strong deterrent to help-seeking behaviour, but youth still prefer to recommend peer support for themselves and for peers who show signs of depression. It is therefore necessary to address the issue of peer stigma to encourage help-seeking behaviors among youth. The findings also demonstrate the benefits of anonymous peer support platforms, such as Audible Hearts, in assisting youth to overcome depression on a friendship basis.

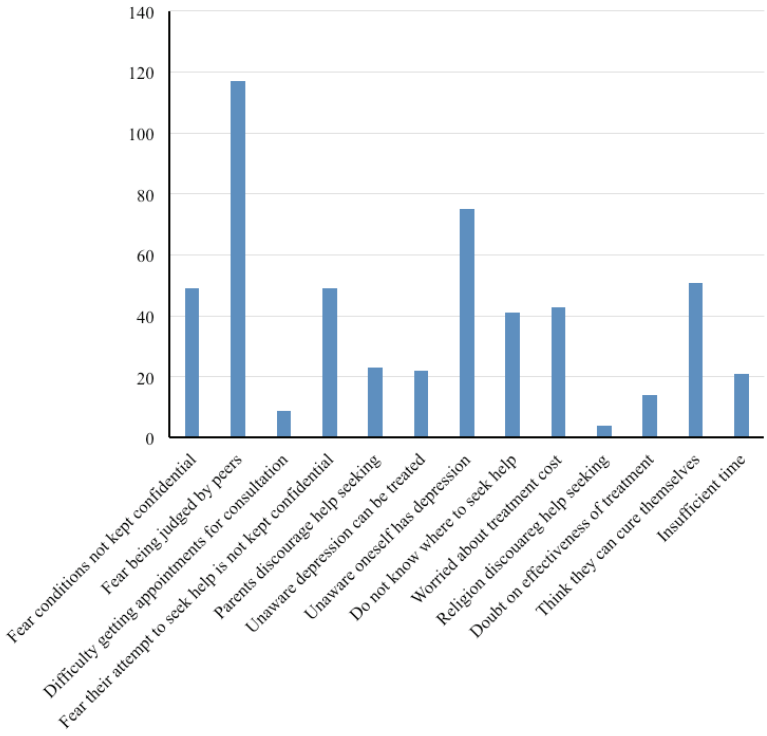

Figure 5. Barriers to seeking help

Preferred Sources of Help and Information on Mental Health Issues

Figure 6 shows the various sources of information on mental health issues preferred by the survey respondents. The top three preferred sources of information are search engines, websites of mental health agencies, and professionals. The first two choices are an indication of the technological savviness of Singaporean youth. Hence, making information more accessible through online platforms such as search engines, social media, and websites of mental health agencies can help youth to obtain

information on mental health issues more easily.

Mental health is only one of the pillars of public health, and information on it is often not easily found on the websites of health agencies. The difficulty of navigating through the different tabs and links may deter youth from accessing credible sources of information on mental health. A quick search on Google, Bing, and Yahoo shows that the search word of 'depression' yields explanations of depression by websites such as Wikipedia as the top choices. Surprisingly, none of the websites of mental health agencies in Singapore even come close to the Wikipedia website. This may be another information gap that the agencies can work on. Furthermore, the agencies need to ensure that youth spend sufficient time on their websites in order to acquire useful information on mental health issues.

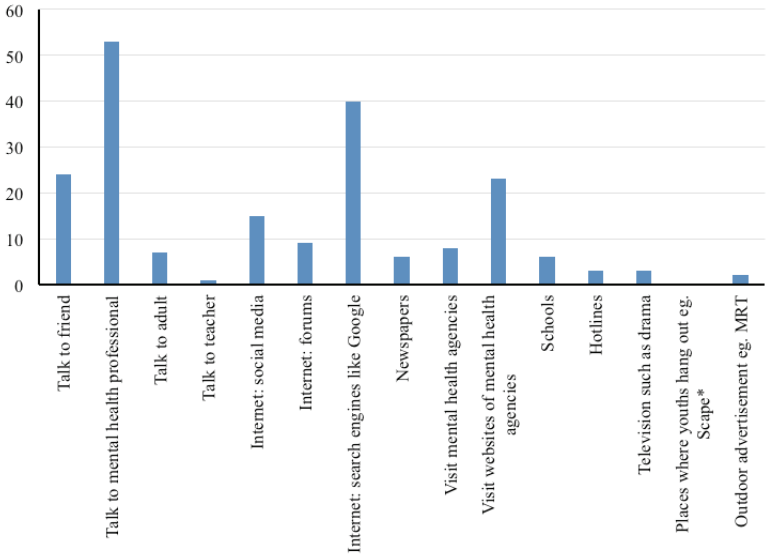

Figure 6. Preferred sources of information

Recommended Paradigm to Reduce Stigma Associated with Depression amongst Singapore Youth

TLCE2 Paradigm

The TLCE2 paradigm stands for 'Targeted', 'Local', 'Continuous' and 'Education-Contact-Education'. It can be used as a framework to evaluate strategies to ameliorate stigma associated with depression amongst Singapore's youth. This paradigm serves to guide future intervention strategies to combat mental health stigma.

Firstly, intervention strategies need to have a targeted audience and clear objectives. Two of the most salient themes arising from the survey findings are peer stigma and the importance of equipping youth with sufficient knowledge on depression, such as identifying the symptoms and the avenues to seek help. The target group to reduce mental health stigma is hence youth. The aim of the intervention strategy should also remain focused, i.e., to raise awareness and to normalize help-seeking behaviors.

Secondly, intervention strategies need to be local in scale and context. This means that attempts to reduce mental health stigma should be based on 'local' sub-populations such as educational institutions and youth groups, and not be carried out as public campaigns. Corrigan and Shapiro (2010) note that "it seems unlikely that a [population-based intervention] will provide positive benefits if the person cannot remember its essential points". Despite the possible benefits of widespread public campaigns, the low rates of awareness suggest that more targeted interventions (such as workplace interventions) might reach more people, albeit within smaller subsets of the population (Szeto & Dobson, 2010).

Thirdly, intervention strategies need to be continuous. Wahl et al. (2007) suggest that the dose and duration of the intervention might be insufficient and that it is essential to have sustained contact to make intervention work. One of the most significant challenges in having a sustained intervention strategy lies in cost. This practical consideration also means that public campaigns requiring heavy investments in advertisements are less likely to work effectively and sustainably (Reavley & Jorm, 2012). With platforms such as social media, it may, however, not be that difficult to build sustained contact with youth (Lo, Esser & Gordon, 2010). Nonetheless, social media platforms are often inundated with competing information, and administrators of these avenues need to design creative ways to capture the attention of youth.

Lastly, it is recommended that intervention strategies adopt the education-contact-education approach. A contact or an education strategy alone is not effective in reducing stigma associated with mental disorders. In addition, even though the education-contact strategy has been found to be more effective, it still does not produce sustained behavioral change. The survey results also show that there is no significant difference in knowledge between youth with and without formal exposure to mental health content. This demonstrates that education-contact can be supplemented with additional educational outreach to reinforce learning and behavioral change. Nonetheless, this proposed approach is likely the first of its kind. Therefore, verification of its effectiveness is still required.

Proposed Activities

The proposed activities consist of evaluation of existing programs and initiatives by mental health agencies, and introduction of new ideas

using the TLCE2 paradigm.

Existing mental health workshops. The Health Promotion Board (HPB) has introduced mental health workshops such as the Youth-Support-Youth (YSY) and Youth Mental Health Ambassador (YMHA) programs to equip youth with knowledge on mental health. These programs are targeted as the participants usually fall in the age range of 17 to 25. However, there are several aspects to these programs that can be improved.

Firstly, the programs are not 'local' enough. It is known that these programs aim to have participants coming from the same institutions so that the participants can then work together when they return to their respective institutions to carry out projects to benefit their respective communities. Nonetheless, this may not be easy to implement because a minimum number of participants is needed for these workshops and it may not be easy to have all participants coming from the same institution. A suggestion may hence be that HPB partners schools and conducts its YMHA initiative in these schools. However, if the YMHA program were to be conducted in the schools, then its overlap with the YSY program needs to be carefully assessed to avoid wastage of resources. Alternatively, having co-curricular activity (CCA) clubs or having class representatives (such as 'CareRep') who focus on mental health issues might help to increase awareness and encourage help-seeking behaviors in schools.

Secondly, the element of continuous engagement needs to be more strongly implemented. After the YSY workshops, the campus ambassadors would meet up to discuss their observations and cases. However, it is not clear how regular the meetings are and whether there are reports for each meeting. It is best to implement a proper documentation process to

better monitor the YSY initiative and its usefulness in school settings. Currently, the YMHA participants are added into the YMHA program's Facebook page upon graduation from the program. The administrator of the Facebook page then updates the group on mental health-related events and information. This move is laudable. However, the number of active members may be lacklustre and more creative ways are needed to engage inactive members. The YMHA program held its inaugural bonding session in June 2013. Such meet-up sessions are an effective way to engage active members and get their help to re-engage inactive members. Having these meeting sessions on a regular basis helps to ensure continuity in the program. The sessions may also be used to gather feedback on improvements to the bonding sessions in future. Additionally, it may be useful to emphasize the importance of participants staying connected to the YMHA program and HPB during the YMHA workshops. The YMHA administrators can also provide formal recognition to the YMHA members who remain active and committed. Some potential measures include selection of active members for relevant talks and seminars, nomination of active members for awards, and provision of testimonials for active members.

Lastly, the element of contact can be introduced in these educational programs. Currently, the main objectives of these educational programs are primarily to provide information on mental disorders and are thus lacking in the 'contact' element. Recently, the YMHA program organized a visit to the IMH as a form of contact intervention. This move is laudable, but it is better to have immediate contact after education intervention for the youth to reinforce their learning and manifest behavioral change. Additional educational outreach is recommended, and this can be done through various channels such as using photos and videos taken during the YMHA sessions

to remind the participants of what they have learnt. The session organizers can also include standardized messages on mental health in these photos and videos.

Videos on mental health. According to the survey findings, videos on youth who have successfully overcome depression are the third most effective method to reduce stigma associated with depression according to the survey. The videos need not feature prominent members of the youth community as argued by Corrigan (2000). This is because the destigmatizing effects of videos are larger when the videos feature ordinary youth whom the audience can relate to. The videos should adopt some criteria: (a) selection of youth whom the audience can identify with; (b) selection of youth from diverse backgrounds; (c) introduction of new videos after some time; and (d) carefully crafted messages that emphasize the importance of peer support. It would be more effective if the featured youth can come from specific institutions, and if the videos can be shown to youth in those respective institutions, so that the targeted audiences can relate to the featured stories. The videos can also be distributed through various mediums, such as CD-ROMs and online platforms like YouTube, allowing for sustained education and contact intervention.

The videos can make use of the multiple identities model[4] by having the featured youth showcase their talents. However, it should be noted that such identities should not be motivated by positive spins, such as the typical case of showcasing artistic talents in autistic children. This is

[4] The multiple identities model is used in this context to show how one's identity should not be defined by mental health disorder, but also by their talents and roles in other settings. For example, youths with mental disorder can also be talented artists, filial children or gifted students.

because not all youth with depression have the same talents, and the overt emphasis on certain specific talents may be counterproductive as youth without these talents may continue to face stigmatization and alienation.

Institution-based talks/seminars. The TLCE2 paradigm recommends targeted and local intervention strategies and schools are excellent places for mental health-related talks and seminars as the sub-populations are much more homogenous. The HPB does organize a school-based mental health-related program in the Institute of Technical Education Colleges during orientations. However, these skits are often meant to educate students on stress reduction, and have little emphasis on equipping students with knowledge to cope with depression. In future, the skits can focus more on raising awareness of mental health issues and conveying key messages to encourage and normalize help-seeking behaviors among youth. Having institution-based talks and seminars can also facilitate continuous engagement as youth in institutions such as schools do not change their institutional affiliations frequently, unlike memberships in interest groups or external organizations. This allows for more sustained interventions, and increases the possibility of inducing positive behavioral change.

The talks/seminars in institutions can also take the form of discussion panels comprising students, school counsellors, teachers, and professionals from external organizations. The panellists can make use of this opportunity to address misconceptions of school policies related to tackling mental health issues. For example, confidentiality is one of the key concerns that youth have when deciding whether to seek professional help, and panellists can assure students that their identities would be kept confidential if they seek help. Although survey results show that youth

do not perceive panel talks as an effective strategy to normalize help-seeking behavior, Corrigan (2000) argues that panel talks can be effective in encouraging people to come out and seek help. More can be done to examine how these panel talks can be conducted in a more effective manner.

Revamp of online mental health information. One of the interesting survey findings is that youth prefer to search for information online through search engines or on mental health agency websites, when they feel that they are showing signs of depression. However, only around 30 percent of the youth surveyed know about the organizations that support destigmatization of mental disorders. These findings highlight the information gaps that need to be filled. Mental health agencies can consider some pointers when they revamp their websites. Firstly, they should make the websites user-friendly. Government organizations such as the Ministry of Health (MOH) and HPB recognize mental health as only one of the components of public health. Thus, there is currently no single website devoted to mental health. Websites that can be navigated easily encourage youth to browse longer so as to obtain more accurate and useful information. For example, the Community Health Assessment Team (CHAT)[5] has a user-friendly website and information can be easily obtained from the website. Therefore, to optimize use of scarce resources, collaboration may be sought to strengthen the existing CHAT website. However, the existing CHAT website may be too wordy for some youth, and some youth may prefer video- or picture-based content to learn more

[5] The CHAT is a group of healthcare professionals dedicated to helping youth with mental health concerns in Singapore. They help to raise awareness of mental health issues, and provide mental health information and a free, confidential assessment service.

about depression. In addition, the stories shared on the CHAT website are not entirely from Singaporeans, and this aspect can be further refined to better reach out to local youth.

Secondly, the hit rates of websites of mental health agencies pale in comparison to websites like Wikipedia. This shows the need for the mental health agencies to create stronger online presence to attract the attention of youth and to direct them to proper channels for information on depression. This may be done through advertisements on popular search engines. Interestingly, there is a recent collaboration between Facebook and the Samaritans of Scotland; Facebook identifies users displaying signs of stress, such as continual posting of suicide messages, and provides Samaritans with the relevant email addresses to contact the distressed users. Although this project may be subject to the scrutiny of privacy laws, it has been compliant with data protection guidelines so far and has yielded success.

Interestingly, many Singaporean youth possess smartphones, and it may be useful to capitalize on this social phenomenon. Smartphone apps may be helpful as a direct route for youth to access information on mental health. These apps can direct youth to proper channels for help, provide stress reduction tips, or even allow school counsellors to monitor the moods of their at-risk students. In fact, these types of apps, such as Depression CBT Self-Help Guide and Depressioncheck, are already very common in the market. Apps also offer privacy for the users as the users can browse information on mental health freely, avoiding the awkwardness of gathering information from conventional advertising mediums such as posters in public areas. Nonetheless, caution must be exercised in popularizing the

use of smartphone apps. The apps should not be marketed as a substitute for professional assessment as they are not fool-proof diagnostic tools. Users should still be encouraged to seek professional help when necessary. Challenges exist in designing the content of the apps and in publicizing these apps to encourage their download and usage even if they are free. One way to publicize these apps is for schools to encourage their students to download and use these apps for lessons that touch on health-related topics.

Conclusion

In conclusion, mental health is an important aspect of overall health, and stigma associated with mental disorders often discourages help-seeking behaviors and adherence to treatments. The survey findings emphasize the importance of peer support in overcoming peer stigma, and the need for mental health agencies to create stronger online presence. Having a strong network amongst peers, families, and school administrators helps in early detection and treatment of mental disorders. The survey also shows that it is helpful to make use of the technological savviness of Singapore youth to engage the youth online through social media, user-friendly websites, and smartphone apps. The TLCE2 paradigm is a strategic model similar to the one used by Corrigan for the Coming Out Proud program[6], with some minor modifications included to reflect

[6] Patrick Corrigan is distinguished professor of psychology at the Illinois Institute of Technology. He piloted the Coming Out Proud program, which entails three two-hour discussion sessions conducted by two trained facilitators with lived experience, typically for groups of five to ten peers. The program was created with the purpose of eliminating mental disorder stigma.

the characteristics of the youth population in Singapore. More needs to be done to evaluate the effectiveness of intervention strategies adopting this paradigm.

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