



Singapore's effective mental health system

Elbert Aldwin H De Jesus¹, Funom Theophilus Makama²

¹ Instructor, Department of Medical Technology, Faculty of Pharmacy, University of Santo Tomas, Philippines

² Public Health International, Nuffield Centre for International Health and Development, Leeds Institute of Health Sciences, University of Leeds, Leeds, West Yorkshire, United Kingdom

Abstract

This review aims at demonstrating how Singapore has been able to excellently tackle the mental health issues of its population and how this immense success can be improved on, firstly, by determining the cause of Mental Health across age, sex, ethnicity, lifestyle, social interactions, family factors, stigma and discrimination and how they affect mental health in Singapore. And then analysing the government's ability to create, implement and continue to develop initiatives tailored towards tackling these determinants to what has made Singapore a model for the rest of the world. This success should, however, be built on, as gaps have been identified, and if filled, should improve the already functioning Mental Health system. Countries around the world, especially in Asia can emulate this methodology of identifying social determinants and tackling them is an effective way of addressing mental health in their respective regions.

Keywords: Beyond the label campaign, it's okay to reach out campaign, mental health gp partnership program, mental health in Singapore, ministry of health's medisave medishield and medifund

Introduction

Singapore is applauded by governments, organizations, groups and advocacy societies as one of the best models in managing its Health systems ^[1], and one of the landmarks achieved is its successful tackling of mental health issues of its population. Even with these strides, challenges still abound in the mental health issues of Singapore ^{[2][3]}, but the ability of its government to create, implement and improve on programs that are tailored towards specific mental health needs of the population is the key strategy to this success. Using the Dahlgren and Whitehead model, various causes of mental health matched with the government's attempts in tackling mental health will be discussed. According to this model, determinants such as age showed more mental health burden on the younger generation; the determinant of gender showed that women suffered from poor mental health more than men and according to ethnicity, the Malayan descent have a better mental health status than their Chinese and Indian counterparts.

Further determinants such as lifestyle issues of poor sleeping hours, work, study, relationships, social media, gaming, addictions to technology, discrimination and stigma, and parental pressures also contribute to this problem. This article will then discuss how the government's community-based, and other initiatives have been able to tackle these issues, improve on the mental health workforce and create policies that protect mental health. We conclude by identifying the gaps needed to be filled, to keep improving on the excellent foundation already built.

Research Questions

1. What factors influence the mental health of the people of Singapore?
2. What policies enacted, interventions implemented, or attempts done to address these factors?
3. How can these responses in (2) be improved in order to achieve an effective mental health system in Singapore?

Research Objectives

1. To identify the determinants of mental health in Singapore.
2. To critically analyse the responses implemented in improving these determinants.
3. To evaluate the gaps still in place whilst these responses are, or have been implemented.
4. To recommend strategies that should cover these gaps to boost the effectiveness of the mental health system in Singapore.
5. Objectives (1) to (4) will be achieved by reviewing the international literature.

Discussion

Singapore's Health Determinants for Mental Illness

Table 1: Mental Health Determinants in Singapore

Types	Determinants
Fixed factors	Age, Gender, Ethnicity
Lifestyle factors	Quality of sleep, excessive use of technology
Social and community factors	Poor societal support, stigma, parental pressures, social pressures
Regional and national environmental factors	High Academic standards, Health Insurance coverage, shortage of health professionals, fragmentation of mental health services, unemployment
Political, environmental or even climatic factors	Covid-19 pandemic, circuit breaker

Age, Gender, Ethnicity

In the recent National Population Health Survey conducted by Singapore's Ministry of Health, the prevalence of poor mental health increased from 12.5% in 2017 to 13.4% in 2020 for Singapore residents ages 18-74. The report showed increased numbers of young adults with poor mental well-being with a proportion of 21.5% compared to adults aged 30-39 and 60-74 with prevalence rates of 12.6% and 9.4%

respectively ^[4]. Compared to their younger counterparts, Singaporean adults, conduct themselves better under stress and at length resulting in fewer depressive symptoms. Adults' gained experiences may help deal better with social stressors by focusing on relationships and a positive mindset ^[5]. Personal fulfillment, expectations about health, self-realization, and exploring the structured roles that come with age can also be associated with the emotional well-being of adults in Singapore ^[6]. In the 2020 Health Survey Report of the Ministry, it appears that in all age groups, the prevalence of poor mental health is higher in Women (14.8%) than in Men (12.0%). The prevalence of major depressive disorder (MDD) among women is 1.5- 3 times higher than in men. Factors such as hormonal mechanisms, vulnerability, becoming early widows, and even women's education level are reasons suggestive of the gender gap in mental health (Picco *et al.*, 2017). As for Ethnicity, a study associating Health-Related Quality of Life (HRQoL) showed that Singaporeans of Malayan descent fared higher in Mental Score than the Chinese and Indian respondents ^[6]. Singaporean- Malays' high Mental HRQoL despite having a lower socioeconomic and clinical profile than the Chinese can be associated with the majority of the Malays being Muslims, and alcohol consumption is prohibited in Islam. Consequently, higher odds of depressive disorders are usually observed in alcohol abuse ^[7].

Lifestyle issues

In a 2022 survey conducted from 1,051 Singaporean residents, only 1 in 4 people in Singapore obtain an ideal sleep duration of 7 hours, and only 17% sleep through the night, compared to 23% in 2017 ^[8], which is indicative of declining sleep quality among the residents. Younger Singaporeans; Gen Z's - born 1997-2009 and Millennials-born 1981 to 1996, appeared to be most affected by this deprivation ^[9]. Work or study-related, financial, and relationship stresses were the most common barriers mentioned to having poor quality sleep ^[10]. This association concurs that poor sleep quality is one of the predictors of depression concomitant to poor mental health ^[5]. Another concern is the negative effect of technology on mental health particularly the frequent use of social media, gaming, and other technological addictions. According to a market and consumer data provider, as of 2021, Singaporeans spend 15.23 hours per day online, including 2 hours and 53 minutes on social media every day ^[11].

Social and Familial Strains

A report from the Ministry of Health's engagement with 1,950 students and young working adults revealed that 40% of them believed that mental issues will cause their family to view them negatively, and 20% of respondents believe their friends may try to discriminate against them for having mental issues. This mental illness stigma has significant negative effects on the individual leading to reduced help-seeking, incorrect diagnosis, delayed treatment, and poor recovery ^[13]. Another determinant under the social network layer is Singapore's culture of Parental Involution, or the pressure students receive from their parents to excel and perform well academically. Parents become obsessed and overly invested in their children's future and exacerbating the other social pressures most young adults experience ^[14].

Living, Studying, and Working Conditions

Some of the most important determinants of Mental Health in Singapore are seen under the layer of influence of living and working conditions of individuals. High academic standards in school, the insecure employment of Singaporean residents, and the impact of lack of health insurance for some individuals are examples of these determinants. These factors were notably aggravated by the inevitable Global Covid-19 pandemic as illustrated in the 4th layer of the Policy Rainbow in Diagram 1. Lockdowns and quarantines led to the restructuring of the residents' normal living conditions. According to the Ministry of Health data, approximately 1/3 of DALY's in children and young adults ages 15-34 is accounted for mental disorders. This is congruent with the prevalence of emotional problems in school students both in Singapore and other developed countries ^[15]. Singapore's academic stature's incredibly competitive, high standards may add to the pressure the students are experiencing. Alarming results were yielded from a comparative report of OECD on how Singaporean students feel about their lives and learning. It showed 86% of students were worried about poor grades in school, 76% were anxious to take an exam even if they came prepared, and around 17% agreed that they feel lonely when at school. These data were all higher than the OECD average ^[16]. The ratio of Psychiatrist for every 100,000 Singaporeans is 4.28, this is remarkably low compared to the OECD average ratio of 15/100,000 in developed countries ^[17]. This low number of professionals may take a toll on the number of underserved cases of individuals with mental health conditions. Many patients are being managed by General Practitioners as this is the most viable solution given the acute shortage of experts in that field ^[18]. Eligibility for government-initiated health insurance programs is limited to people who are working or can pay out-of-pocket contributions to the national savings program for health coverage. This entails anxiety for residents of low-income households and also the unemployed.

Examining Singapore's Call to Action on Mental Health

Table 2: Singapore's Healthcare Response in Relation to the Identified Mental Health Factors

Health Determinants	Country's Response	Main Actor/s
Inequalities in Health Insurance coverage	MediSave, MediShield, MediFund	Ministry of Health, institute of Mental Health, other public and private hospitals
Pressures from high academic standards experienced by students	REACH: Response, early intervention and Assessment in Community Mental Health	Ministry of Health, Schools and Universities, Mental Healthcare professionals, Volunteer work Organizations, private Organizations
Stigma against Mental health conditions	Beyond the label	National Council of Social Service, Private Organizations
	It's Okay to Reach out	Ministry of Health- Health promoting Board
Shortage of mental health professionals	Mental health GP partnership Programme	Ministry of health, Agency for integrated care, Institute of Mental Health, General Practitioners

Table 2 summarizes the policies and healthcare system responses of the country to the factors that influence mental health which are discussed below.

Singapore's Ministry of Health presented its five-year Community Mental Health Masterplan from 2017 to 2021. Its aim is to push collective efforts to increase community mental health and bring access to services to the grassroots. The program was granted additional funding of S\$160 million from the National Budget for its implementation ^[19].

Ministry of Health's Medisave, MediShield and MediFund

Medisave is a National Savings Program managed by the Ministry of Health which requires eligible Singapore residents to put aside a portion of their income to save up for future personal or immediate family medical expenses. Under the scheme, employees contribute around 8 to 10.5% (age group dependent) of their monthly salary to their MediSave account. They may use this to withdraw the amount for medical expenses. Although there are withdrawal limits, the Institute of Mental Health ensures that Singaporeans have sufficient savings that are generally adequate for charges incurred for their healthcare needs. They may also opt to use their MediSave accounts to pay for another program, MediShield Life, a basic healthcare insurance plan that can be used for public and private hospitals ^[20]. Both MediSave and MediShield can be used for healthcare spending on mental issues. For Medisave, the limits are up to \$150 per day and \$5,000 a year. As for MediShield, they offer coverage for up to 35 days of psychiatric inpatient care per year or a claim limit of up to \$100 per day ^[21]. To address Singaporeans who may either be unemployed, unable to enroll or pay their MediSave/MediShield accounts, or having financial difficulties, the government has created an endowment fund, still, under the Ministry of Health. This is called MediFund, a safety net for patients experiencing financial strain on their medical bills and needs. There are 149 MediFund-approved institutions all over Singapore from primary care, polyclinics, public acute and community hospitals, and even government-run nursing homes ^[20]. This could also cover mental health subsidies through an independent MediFund Committee which is tasked to approve applications and decide on an appropriate amount of assistance depending on the residents' financial circumstances, clinical diagnosis, or the size of the healthcare expense required.

REACH (Response, Early intervention and Assessment in Community mental Health)

The Ministry of Health developed in 2007, a community-based program called REACH: Response, Early intervention and Assessment in Community Mental Health to support school-going students with social, emotional, and/or behavioral problems which may progress into mental illness ^[22]. The goal of the program is to improve the mental health of the youth by building a multisectoral network with schools and community partners such as guidance counselors, teachers, Voluntary Welfare Organizations, VWOs, and Social Service Agencies in collaboration with the National Council of Social Services. The objective is to enhance the capacity to detect, report, and manage mental health problems and improve the well-being of the youth through early assessment and intervention. The model operates in the four regions of Singapore covering all the school zones. Trained teachers and school counselors assess and report unusual behaviors or shifts in moods of the students through a consultation hotline with the REACH

Team. The REACH Team will then triage the concerns according to priority. The extensive network and support of the team warrant timely mobility to schools and communities where help is deemed a priority. Concerns that have insufficient relevant evidence will be provided with alternative support. This ensures convenience for patients and the productive utilization of REACH's resources. The role of VWOs and Social workers is to contact the parents, obtain consent and get them involved in the process. REACH also provides continuous professional training on handling mental health issues in children and conducts monthly inter-agency case conferences to enhance their aptitude in managing concerns ^[19]. Although the program's multi-disciplinary approach fits its set objectives and purpose, missing actors for this response could be enjoining the Ministry of Education to address one of the possible root causes of stress and behavioral changes in children. This can be done as far as reevaluating the curriculum and reviewing school policies which may have a big burden on the students' management of their personal well-being as mentioned in the discussion of high academic pressure in schools as a mental health determinant.

“Beyond the Label” & “It's Okay to Reach Out” Campaigns

Stigma is often rooted in ignorance, a misjudgment from a lack of knowledge of what people with mental health problems go through which results in stereotyping and social exclusion. “Beyond the Label” is a program of the National Council of Social Service in partnership with more than 30 private organizations to create a nationwide movement that would raise awareness against the stigma and educate the public with skills on how to interact and support persons with mental health conditions. The campaign started in 2018 and focused on disseminating information on mental health through platforms that will be well-received by the public. Private partners launched videos and advertisements that will be played on television, outdoor, digital and social platforms. The NCSS also tapped into recovered persons with mental health conditions and commissioned them as ambassadors to help destigmatize the illness. The Ministry of Health through the Health Promotion Board launched a similar campaign called “It's Okay to Reach Out” as their initiative to correct the negative notions of the condition, the campaign worked on providing nationwide seminars, workshops, and dialogue sessions. Both campaigns have their hotlines and online portal rolled out to ensure resources and help are provided in the most accessible and acceptable way.

Mental Health GP Partnership Program (MHGPPP)

In response to the acute shortage of healthcare professionals in Singapore, The Ministry of Health in collaboration with the Agency for Integrated Care, an independent corporate entity under MOH designated to coordinate the delivery of services across health and social domains ^[23] established the MHGPPP Program, a training program for General Practitioners to be equipped in supporting individuals and manage stable and long-term mental illness in the communities. The program includes a clinical attachment in the Institute of Mental Health for hands-on experience in treating psychiatric patients. At the end of the program, the GPs will have enhanced competencies such as psychosocial therapy, supportive counseling, and the latest treatment modalities in mental healthcare ^[24].

Persons with Mental Health Conditions' Right to Employment Opportunities

The number of unemployed persons in Singapore swelled to 139,900 in 2020 from 110,800 in 2019^[25]. Loss of employment may lead to a deprivation of an individual's needs, an example of "social causation" resulting in psychological distress and increased risk of mental illness. However, the relationship between unemployment with mental health conditions is presumably bidirectional. Singapore's unemployment rate is twice as high for people with mental health conditions than those without^[26]. The Ministry of Manpower issued the "Tripartite Advisory on Mental Well-Being at Workplaces" which provides guidelines for employers to comply with and to utilize available resources on recommendations to support employees' mental health. Under the said advisory are the guidelines for fair employment practices which include prohibiting employers to ask about an applicant's mental health condition. Employers who defy this mandate can be charged and enforced with legal actions on grounds of discrimination^[27]. Penalties may range from 12 months debarment of work permit of the uncompliant employer up to legal prosecution if they refuse to treat all candidates fairly. There are also incentive programs provided by the Ministry of Manpower for employers who will champion hiring Persons with Mental Health Conditions (PMHC) this is called the Enabling Employment Credit (EEC) which was launched in 2020. Eligible employers will get for a period of 6 months an incentive in the form of a 10% additional offset in wages. The Institute of Mental Health also offers jobseekers who are PMHC with specialized job support services through the "Job Club", a program that employs them as Peer Support Specialists and takes the role of ambassadors of mental health and shares experiences and support with other PMHCs^[28]. Private institutions are also getting involved in ensuring that mental health conditions will not be a barrier to access to fair employment. Companies such as Jardine Matheson Group of Companies spearheads MINDSET, their mental charity arm which aspires to provide tangible assistance to the mental health community of Singapore. Since its inception, they were able to provide 264 job placements for persons with mental health conditions within and outside their companies. They also launched a learning hub for PMHCs which delivers job skills- qualifications training and emotional support seminars^[29].

Effectiveness of Singapore's Response to Mental Health

Singapore continues to establish itself as an international model in the general health of the population by ranking globally as 1st in Life Expectancy Rates and lowest in Disability Adjusted Life Years per 100,000 population^[20]. Although the crude prevalence of poor mental health remained stable at 13% from 2017 to 2020^[4], taking into consideration the rise in mental health cases because of the pandemic, the country continues to improve and implement programs to lower this. Government health spending remains the main source of healthcare expenses at \$1,387.69 per person^[30], with 3% of the Ministry of Health's budget in the same year spent on Mental Health^[20]. Government healthcare spending for mental health is also estimated to increase to S\$1.7 billion per year in terms of healthcare utilization. Another measure of effectiveness is the utilization of the responses provided. A general report from

the Ministry of Health in 2020, shows that helplines received 50% more callers than the previous year and community referrals for suspected mental health conditions increased from 38% in 2019 to 40% in 2020^[31]. The number of community-based mental health services per 100,000 population also increased from 0.22 to 0.41 from 2017 to 2020^[32]. This coincides with a study that majority of the psychiatric services obtain help and support through primary care and community services^[33], and since most of the responses are delivered through this route, it can be deduced that the government is on the right track with these collective efforts in changing the mental health landscape in Singapore.

Identifying Missing Actors and Gaps in the Responses

In a speech given by the Senior Minister of Singapore's MOH, Dr. Janil Puthuchery during the Leadership Summit last 10 October 2022, there are still gaps in the responses of the government and private institutions in the efforts to alleviate the burden of mental health problems^[34]. The provision of services is not missing, because there are a lot of programs already established. What is needed is to clearly differentiate and coordinate the management of multiple service providers. Nicole Pei Ching Ooi and Colleges^[35] empirically elaborated this in their study on integrating Mental Health Service into the Primary Health Care of Singapore. They established frameworks that will enable easy coordination of different mental health professionals into primary health care. This coordination involves Mental Health General Practitioners, Allied health service providers such as the community intervention Teams- COMIT, and family physician-led service with allied health professionals to provide services in polyclinics. When this structure is implemented, not only those needing treatment may be attended to, but also, people at risk of mental health disorders may also enjoy services at the primary health care level. An Inter-Agency Task Force may be the missing link to oversee all efforts and close the gaps and overlaps in services^[34]. Another possible missing actor is a regulatory body for Professional Services to limit the risk of harm and protect the public from fraudulent and predatory groups. When these gaps are filled, Singapore will continue to be a pace setter in effective mental health services by improving more on the already successful health service delivery established.

Conclusion

There are various determinants affecting the mental health of Singaporeans. Younger Singaporeans (age factor); women more than men (sex factor) and then the ethnicity factor where, the Malayan descents have thrived better in mental health than their compatriots of Chinese and Indian descents have been discussed. Lifestyle issues such as inadequate sleeping hours, professionally related, study-related and relationship-related stresses, alongside the frequent use of social media and gaming, among other technology addiction contribute to the poor mental health status of the younger populations. Discrimination and stigma against mental health sufferers and parental pressures on heaping difficult expectations on their children are the social determinants of Mental health in Singapore. The Singaporean government, through its Ministry of Health, initiated a 5-year community Mental Health Masterplan to bring access to Mental health services to the

remotest of Singaporean communities, The MediSave, MediShield and MediFund initiative introduced by the same ministry is a health financing scheme that enables households to save a portion of their earnings for medical expenses. Another program that was initiated by the ministry of health is the Response, Early Intervention and Assessment in Community Mental Health, otherwise known as REACH. It was also a community-based program aimed at supporting school children socially, emotionally, in behavioral issues and with any mental illness, to improve the Mental Health statuses of the younger generation. Other initiatives are the “Beyond the Label” and “It’s Okay to Reach Out” Campaigns which are aimed at tackling stigma and discrimination against Mental Health sufferers. The MHGPP program was then initiated to close the gap in shortage of mental health workforce. Complementing these schemes are the government’s intentionally healthcare spendings, the utilization of responses via effective helplines system and community referrals, incredible community-based mental health services per 100,000 population and the enactment of equitable and appropriate policies such as the ‘Tripartite Advisory on Mental Well-being at workplaces’ to ensure the ‘persons with mental health conditions’ Rights to Employment opportunities. They are the strategic interventions implemented to great success. Yet, more needs to be done, especially on fragmenting the Mental Health services already available to institutionalize mental health specialty. And also, in establishing a regulatory body to limit the risk of harm to ensure evidence-based and timely diagnosis and treatment of mental health cases.

References

- Barr MD. Singapore: The limits of a technocratic approach to health care. *Journal of Contemporary Asia*,2008;38(3):395-416.
- Kim JO, Park GN, Oh JW, Lee S. Association between alcohol consumption characteristics and anxiety: A gender perspective for Korean adults.
- Ooi NP, Neo CZ, Chong RK. Integrating mental healthcare in primary care in Singapore. *Ann Acad Med Singapore*,2021;50(10):782-4.
- Ministry of Health and Health Promotion Board, S. National Population Health Survey 2020. Epidemiology & Disease Control Division and Policy, Research & Surveillance Group Ministry of Health and Health Promotion Board, Singapore, 2020.
- Barrenetxea J, Pan A, Feng Q, Koh WP. Factors associated with depression across age groups of older adults: The Singapore Chinese health study. *International Journal of Geriatric Psychiatry*, 2022, 37(2).
- Leow MK, Griva K, Choo R, Wee HL, Thumboo J, Tai ES, *et al.* Determinants of health-related quality of life (HRQoL) in the multiethnic Singapore population—a National Cohort Study. *PLoS One*,2013;8(6):e67138.
- Subramaniam M, Abidin E, Vaingankar JA, Shafie S, Chua BY, Sambasivam R, *et al.* Tracking the mental health of a nation: prevalence and correlates of mental disorders in the second Singapore mental health study. *Epidemiology and psychiatric sciences*,2020;29:e29.
- Human Resource Online. How much sleep do Singaporeans get? A majority (64%) manage 6-7 hours per night. [Online database]. Human Resource Online.Net, 2021.
- Robinson F. Singaporeans would like to sleep for at least seven hours but only a quarter have that routine, 2022. Available from: <https://business.yougov.com/content/41611-singaporeans-would-sleep-least-seven-hours-only-qu> Accessed 06 November 2022.
- Kalra S, Dhar M, Afsana F, Aggarwal P, Aye TT, Bantwal G, *et al.* Asian Best Practices for Care of Diabetes in Elderly (ABCDE). *Review of Diabetic Studies*,2022;18(2):100-34.
- Statista com. Average time spent using online media in Singapore in Q3 2021, by activity, 2022. Available from: <https://www.statista.com/statistics/803854/daily-time-spent-using-online-media-by-activity-singapore/> Accessed 06 November 2022.
- Health Promotion Board, S. Just Checking in Campaign Evaluation Report, 2021. Available from: https://hpb.gov.sg/docs/default-source/pdf/press-release-on-hpb-mental-wellbeing-campaign-2021.pdf?sfvrsn=be23bf50_0 Accessed 09 November 2022.
- Goh CM, Shahwan S, Lau JH, Ong WJ, Tan GT, Samari E, *et al.* Advancing research to eliminate mental illness stigma: an interventional study to improve community attitudes towards depression among University students in Singapore. *BMC psychiatry*,2021;21(1):1-2.
- Kune CS. Parental Involution: Behind Singapore’s Academic Stress, 2021. Available from: <https://www.nuspatc.org/post/parental-involution-behind-singapore-s-academic-stress> Accessed 08 November 2022.
- Renjan V, Fung DS. Debate: COVID-19 to the under 19—a Singapore school mental health response. *Child and Adolescent Mental Health*,2020;25(4):260-2.
- Ng PT. The paradoxes of student well-being in Singapore. *ECNU Review of Education*,2020;3(3):437-51.
- Blanchflower DG. International evidence on well-being. In *Measuring the subjective well-being of nations: National accounts of time use and well-being*. University of Chicago Press, 2009, 155-226.
- Lum AW, Kwok KW, Chong SA. Providing integrated mental health services in the Singapore primary care setting—the general practitioner psychiatric programme experience. *Annals Academy of Medicine Singapore*,2008;37(2):128.
- Lim CG, Loh H, Renjan V, Tan J, Fung D. Child community mental health services in Asia Pacific and Singapore’s REACH model. *Brain Sciences*,2017;7(10):126.
- MOH S. Healthcare Schemes and Subsidies, 2022. Available from <https://www.moh.gov.sg/cost-financing/healthcare-schemes-subsidies/medishield-life> Accessed 09 November 2022.
- Poh J. Does Mental Health Insurance Exist? 5 Plans That Cover Mental Health, 2020. Available from: <https://blog.moneysmart.sg/health-insurance/mental-health-insurance/> Accessed 09 November 2022.
- Kua EH, Rathi M. Mental health care in Singapore: Current and future challenges. *Taiwanese Journal of Psychiatry*,2019;33(1):6.

23. AIC AfIC. About Us, 2022. Available from: <https://www.aic.sg/about-us> Accessed 10 November 2022.
24. IMH IoMH. Mental Health GP-Partnership Programme, 2022. Available from: <https://www.imh.com.sg/Clinical-Services/Community-based-Services/Pages/Mental-Health-GP-Partnership-Programme.aspx> Accessed 10 November 2022.
25. Statistics Do. Labour, Employment, Wages and Productivity, 2021. Available from: <https://www.singstat.gov.sg/find-data/search-by-theme/economy/labour-employment-wages-and-productivity/latest-data> Accessed 09 November 2022.
26. Subramaniam M, Lau JH, Abdin E, Vaingankar JA, Tan JJ, Zhang Y, *et al.* Impact of unemployment on mental disorders, physical health and quality of life: Findings from the Singapore Mental Health Study. *Ann. Acad. Med. Singap*,2021;50:390-401.
27. TAL TAL. Tripartite Alliance for Fair and Progressive Employment Practices, 2019. Available from: <https://www.tal.sg/tafep> Accessed 10 November 2022.
28. United Nations. Replies of Singapore to the list of issues in relation to its initial report. [Online] 2021. Accessed, 2022.
29. Tan W. Back to Work. *Imagine: A Mental Health Magazine*, 2018-2019, 3.
30. IHME. Singapore, 2022. Available from: <https://www.healthdata.org/singapore> Accessed 10 November 2022.
31. Singapore M. Speech by Dr Janil Puthucheary, Senior Minister of State, Ministry of Health, At Cna Leadership Summit – Mental Health @ Work On 10 October 2022, 2pm. 2022. Available from: <https://www.moh.gov.sg/news-highlights/details/speech-by-dr-janil-puthucheary-senior-minister-of-state-ministry-of-health-at-cna-leadership-summit-mental-health--@-work-on-10-october-2022-2pm> Accessed 10 November 2022.
32. World Health Organization. Mental Health Atlas 2020 Country Profile: Singapore, 2022. Available from: <https://www.who.int/publications/m/item/mental-health-atlas-2020-country-profile--singapore> Accessed 08 November 2022.
33. Chang S, Jeyagurunathan A, Abdin E, Shafie S, Samari E, Verma S, *et al.* Mapping the steps to reach psychiatric care in Singapore: An examination of services utilized and reasons for seeking help. *General Hospital Psychiatry*,2021;73:38-45.
34. MOH. Response, Early intervention and Assessment in Community mental Health (REACH). Ministry of Health Singapore, 2022. Available from: <https://www.imh.com.sg/Clinical-Services/Community-based-Services/REACH/Pages/About-REACH.aspx> Accessed 09 November 2022.
35. Picco L, Subramaniam M, Abdin E, Vaingankar JA, Chong SA. Gender differences in major depressive disorder: findings from the Singapore Mental Health Study. *Singapore medical journal*,2017;58(11):649.