

COVID-19 Mental Wellness Taskforce Report



MINISTRY OF HEALTH
SINGAPORE



INSTITUTE
of MENTAL
HEALTH

National Healthcare Group

REPORT OF THE COVID-19 MENTAL WELLNESS TASKFORCE

EXECUTIVE SUMMARY

1. This report provides an overview of the findings of the inter-agency COVID-19 Mental Wellness Taskforce established by the Ministry of Health (MOH) and the Institute of Mental Health (IMH) in October 2020. It comprises five sections as summarised below.

Section I – Introduction to the Taskforce

2. Following the onset of COVID-19 and resulting stressors, the COVID-19 Mental Wellness Taskforce was set up to look into the mental health impact of the pandemic on the Singapore population. The Taskforce was set up to (a) connect key Ministries and agencies involved in mental health and well-being, (b) facilitate stock-take and discussion of existing and planned initiatives to prevent overlaps in services, and (c) identify gaps in our national provision of mental health support and collectively develop recommendations to address them.

3. The first section of the report provides the background and impetus for the establishment of the Taskforce, and details the list of Advisors, Chairpersons and Member agencies.

Section II – Landscape Review: How has COVID-19 impacted the mental well-being of our population?

4. The implementation of public health measures and loss of livelihoods as a result of COVID-19 has brought about an increase in stressors, leading to some distress and anxiety among the population. A number of local studies and statistics describe the mental health impact of the pandemic on the Singapore population – these are elaborated on in the second section of the report.

5. Based on an Institute of Mental Health (IMH) study conducted during the pandemic, 8.7% of the surveyed Singapore population met the criteria for clinical depression, while 9.4% met the criteria for anxiety. 9.3% met the criteria for mild to severe stress. In comparison with studies on mental well-being published by other jurisdictions, however, Singapore seemed to fare better compared to the United States and United Kingdom, as well as Japan and Hong Kong. The top sources of stress identified were risk of family members or friends getting infected by COVID-19, financial loss, and unemployment. A corresponding increase in the utilization of mental health services was also observed since the start of the national Circuit Breaker in 2020, including an increase in volume of calls to IMH's Mental Health Helpline.

6. Other polls on vulnerable population segments which might require more support through the pandemic covered youths and adolescents, whose mental well-being remained a challenge in the second half of 2020, and older Singaporeans, especially those who lived alone.

Section III – Work Done Thus Far

7. In the course of its stock-take, the Taskforce noted that much work had been done in Singapore’s mental health space even prior to the COVID-19 pandemic, with initiatives spanning mental health promotion, early detection and intervention, disease management, care integration, and social support across different settings. Within the school system, teachers and staff are trained to provide a first line of support to students with psychosocial needs, alongside an established peer support system. Mental health also features in educational curricula for Ministry of Education, as well as Polytechnics and Institute of Technical Education. For the general population, Health Promotion Board’s (HPB) HealthHub acts as a one-stop portal providing access to mental health content, while Community Outreach Teams have been set up to pick up and assist individuals at risk of mental health issues, amongst other efforts.

8. Building on existing initiatives, various agencies have responded with over 40 initiatives to support the mental health needs of the population during the COVID-19 pandemic. The third section of the report details these initiatives, existing and planned, that have been put in place by Taskforce members in response to COVID-19. Efforts fall under three broad categories:

- A. Upstream initiatives for the general population and specific population segments
- B. Downstream initiatives for those at-risk of or with mental health needs
- C. Other initiatives to address stressors which can impact on mental well-being

9. The majority of initiatives in place fall under category A, which aims to preserve the mental health and well-being of the population. These efforts focus on providing resources, raising awareness of mental health, and encouraging help-seeking behaviour. Key initiatives rolled out in response to COVID-19 include the setup of mental health resource hubs such as the ‘Stay Well to Stay Strong’ webpage, ‘My Mental Health’ microsite and Mindline.sg. Two mental well-being campaigns were also rolled out to raise mental health awareness – the ‘Brave the New’ campaign, which ran from August 2020 to December 2020, and the ‘Hi#JustCheckingIn’ campaign from January 2021 to March 2021. Other than these, various initiatives targeting specific population segments are in place – namely, parents and families, children and youth, workplaces, and seniors.

10. Further upstream, strengthening family resilience and parenting skills is key to maintaining mental well-being. To this end, the Positive Parenting Programme (Triple P), KidSTART programme and an educational Families for Life (FFL) Facebook (FB) online series have been introduced. Recognising children and youth’s mental health needs as a growing concern, the Government has also developed strategies to support youth mental well-being. These revolve around three pillars:

- a) Ensuring support structures across all life stages including support in schools/Institutes of Higher Learning (IHLs), workplaces and the wider community setting;
- b) Empowering youths to take charge of their own well-being, by equipping them with the relevant knowledge and resources; and
- c) Addressing societal factors that impact youth mental well-being, such as ensuring a supportive societal culture and promoting digital wellness.

11. In the workplace setting, two advisories offering guidance to employers on mental well-being were issued by the Ministry of Manpower in collaboration with partners, alongside the launch of an online self-administered psychosocial assessment tool, iWorkHealth, to help identify and manage workplace stressors.

12. To serve seniors at risk of social isolation, the Silver Generation Office (SGO), the outreach arm of the Agency for Integrated Care (AIC), proactively identifies at-risk individuals, checks on their well-being and provides support. Besides linking seniors to befrienders, SGO's efforts focus on encouraging digital adoption and connectivity. A key initiative rolled out during the pandemic was the distribution of smartphones to vulnerable seniors in partnership with CareLine and Temasek Foundation. In the longer term, AIC aims to build an integrated community mental health network across care settings to support persons with mental health issues, so that they can age well in the community.

13. The second category of downstream initiatives covered in this section targets those at risk of developing or with pre-existing mental health conditions. These have largely focussed on ensuring that psychosocial support and mental health services continue to remain accessible in the time of the pandemic. To this end, the AIC continued to triage, provide initial intervention and essential care services during the Circuit Breaker period, alongside Community Outreach Teams and Community Intervention Teams. Several helplines were also made available to provide psychological support for those experiencing anxiety, low mood, and personal struggles – the key being the National CARE Hotline, which was set up in April 2020. Additionally, the National Council of Social Service increased funding support for three of its funded counselling centres and engaged various partners, including Google, to promote their mental health helpbot, 'Belle', on their platforms.

14. Beyond directly addressing mental wellness, several supporting initiatives were rolled out to address stressors such as employment and financial fallout. Key among these were the SGUnited Jobs and Skills Package, COVID-19 Support Grant and COVID-19 Recovery Grant. In response to the heightened risk of abuse during the Circuit Breaker period, the Ministry of Social and Family Development also intensified the 'Break the Silence' public campaign to raise public awareness to report abuse and violence.

Section IV – Gaps Identified and Recommendations

15. Following a landscape review of existing initiatives to address mental health and well-being, the Taskforce identified three key gaps in the mental health space and developed recommendations to address them. These are described in detail in the fourth section of the report and summarised here.

- A. **Gap: Need for an overarching Whole of Government strategy on mental health and well-being.** Currently, a number of different Ministries and agencies oversee initiatives under their own purview. There is potential for better collaboration and alignment of efforts, guided by common goals.

Recommendation: To develop an overarching strategy on mental health and well-being, which will articulate clear goals and action-oriented plans. The

Government will engage the public on the development of this strategy through a public consultation to be carried out in 2022.

- B. **Gap: Need for better signposting given wealth of resources available.** Currently, there are numerous online resources on mental health and well-being by different providers, which can be confusing for those who are searching for information.

Recommendation: To develop a One-Stop online portal for national mental health resources, which offers a trusted and reliable source of information and self-help tools. The HPB will be developing a dedicated webpage for this purpose and rolling out the pilot version of the portal in the later part of 2021.

- C. **Gap: Better alignment of mental health training resources and the need for more trained mental health professionals in the community.** Currently, there are various agencies which conduct mental health trainings for different target groups in the community, creating a need for a common set of training standards. There are also insufficient trained mental health professionals.

Recommendation: To develop a national mental health competency training framework with a common set of training standards and defined degrees of competencies. The proposed framework can help to map and expand the pool of manpower for delivering a wider range of services from mild, moderate to severe conditions.

Section V – Conclusion

16. While the COVID-19 pandemic has been matched by an extraordinary response from the mental health ecosystem, there is a continued need to monitor the utilisation of mental health services and assess the population's ability to cope with stressors under the new norm. Following completion of its review, the COVID-19 Mental Wellness Taskforce has transited into a new Interagency Taskforce on Mental Health and Well-being in July 2021 to oversee mental health and well-being efforts over the longer term. The new interagency platform will oversee the implementation of the recommendations of the COVID-19 Mental Wellness Taskforce, as well as build on the lessons learnt by the Taskforce, focusing on cross-cutting issues that require interagency collaborations. The concluding section of the report elaborates on the next steps for the Taskforce.

REPORT OF THE COVID-19 MENTAL WELLNESS TASKFORCE

SECTION I: BACKGROUND

1. The onset of the COVID-19 pandemic in January 2020 and consequent national 'Circuit Breaker' (from 7 April 2020 to 1 June 2020), alongside restriction measures have resulted in stressors such as social isolation and loss of livelihoods, leading to an increase in distress and anxiety among the population. Whilst various Government agencies had responded with initiatives to support the population's mental health needs, the overall experience brought mental health and wellness issues to the fore and highlighted the need for the national mental health response to be better coordinated and strengthened. In response, a cross-agency 'COVID-19 Mental Wellness Taskforce' was convened by the Ministry of Health (MOH) and the Institute of Mental Health (IMH), to address the mental health impact of COVID-19 in October 2020.

2. The Taskforce was set up **to (a) connect key Ministries and agencies involved in mental health and well-being**, to ensure a coordinated national response to the mental health needs of the population, **(b) facilitate stock-take and discussion of existing and planned initiatives to prevent overlaps in services, and (c) identify gaps in our national provision of mental health support and collectively develop recommendations to address them.**

3. The Taskforce was chaired by Prof Chua Hong Choon, former Chief Executive Officer of the IMH, and co-chaired by Dr Jeannie Tey, Director (Health Services Integration and Development Division), MOH, with the following political office holders serving as Advisors:

- a) Dr Janil Puthuchery, Senior Minister of State, Ministry of Communications and Information and MOH
- b) Ms Sun Xueling, Minister of State, Ministry of Education (MOE) and Ministry of Social and Family Development (MSF)
- c) Mr Eric Chua, Parliamentary Secretary, Ministry of Culture, Community and Youth (MCCY) and MSF

4. The Taskforce comprised representatives from the Ministries and agencies. A list of the members of the Taskforce is at [Annex A](#).

SECTION II: LANDSCAPE REVIEW – HOW HAS COVID-19 IMPACTED THE MENTAL WELL-BEING OF OUR POPULATION?

Global Mental Health Impact of COVID-19

5. The psychosocial impact of the COVID-19 pandemic has been felt across the world, affecting all populations and segments of society. In a policy brief issued on 13 May 2020 ('COVID-19 and the Need for Action on Mental Health'), the United Nations (UN) called for action on mental health as part of the pandemic recovery response. The UN anticipated a 'long-term upsurge in the number and severity of mental health problems' and emphasised mental health as a 'priority to be addressed urgently'. According to the UN, large sections of the global population had been experiencing distress relating to the health impact of COVID-19 and fears of infection or losing family members, in addition to the effects of social isolation and economic fallout – whether having or risking lost livelihoods. These effects were exacerbated by loss of routine and uncertainty about the future.

Local Statistics and Studies

6. A number of local statistics and studies describe the impact of COVID-19 on the mental well-being of the Singapore population. These are elaborated in this section.

i. Impact on the General Population

7. The IMH's Research Division has undertaken an in-depth study titled 'Novel Coronavirus, Population Well-being and Resilience: A Cross-Sectional Study' in collaboration with The University of Hong Kong. Several questionnaires were used to assess psychological responses and mental well-being – the main ones being the Patient Health Questionnaire-9 (PHQ-9), Generalised Anxiety Disorder-7 (GAD-7), Stress subscale of the Depression Anxiety and Stress Scales (DASS), Insomnia Severity Index (ISI) and Brief Resilience Scale (BRS). The study (co-funded by MOH, Temasek Foundation, and National Centre for Infectious Diseases) was open to Singapore citizens and Permanent Residents of the four main ethnic groups residing in Singapore. A total of 1,058 participants (majority of respondents were aged 21 to 49 years) were surveyed for the study. The study findings are described in Figures 1 – 5¹.

¹ Figures 1 – 5 were extracted from A/Professor Mythily Subramaniam's presentation on "The psychological impact of COVID-19 on the general population" at the Singapore Mental Health Conference 2021.

Mental Well-Being during the Pandemic

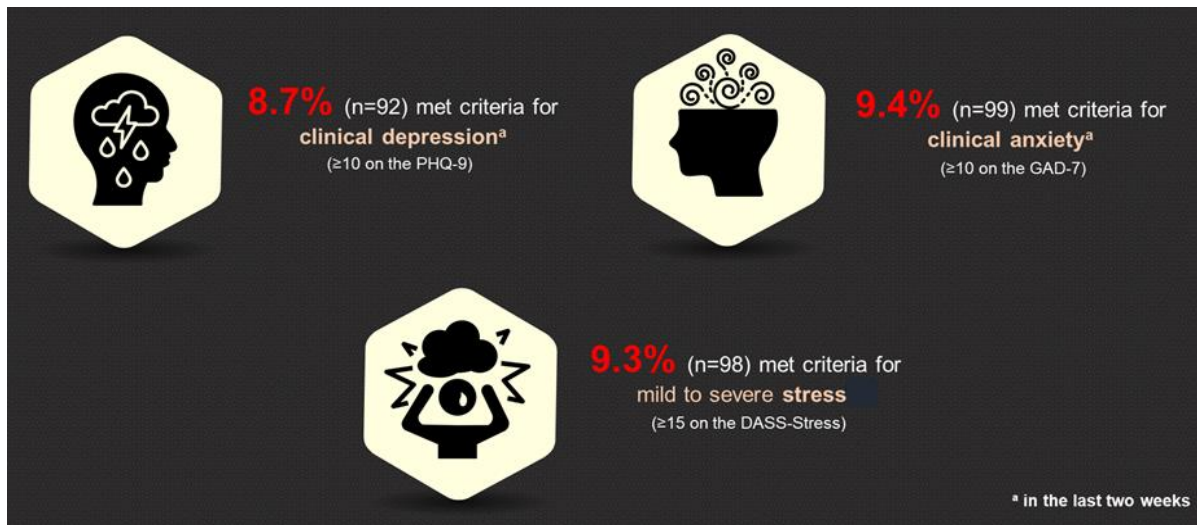


Figure 1: Proportions of survey respondents who met the criteria for clinical depression, anxiety, or mild to severe stress

GLOBAL MENTAL HEALTH DURING THE PANDEMIC

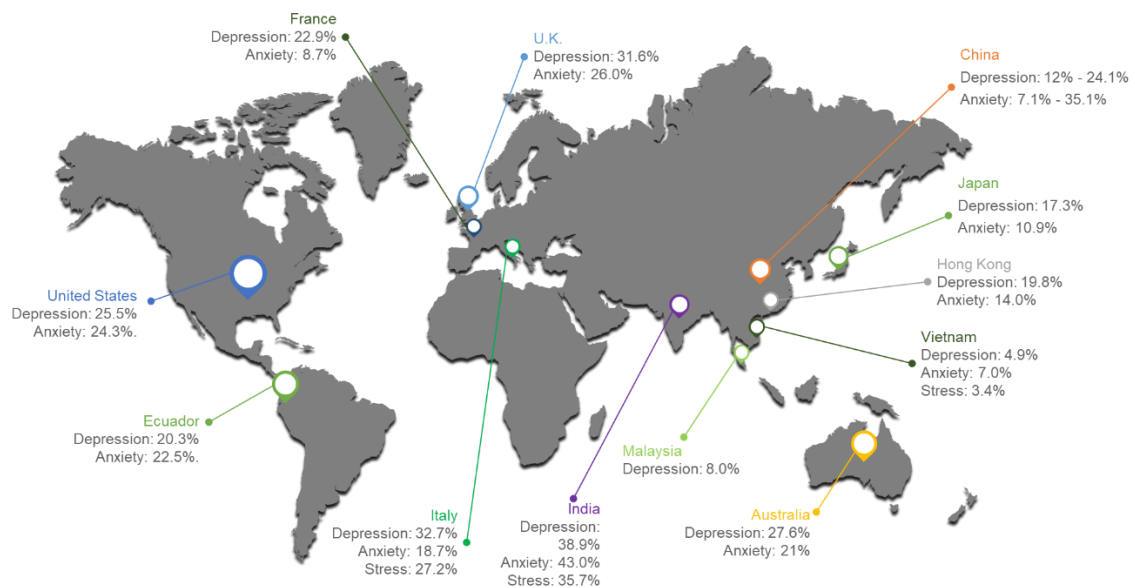


Figure 2: Comparison of global mental health situation during COVID-19 pandemic
Singapore seemed to fare better compared to the United States and United Kingdom, as well as other Asian jurisdictions such as Japan and Hong Kong².

² The studies are not directly comparable due to differences in study period.

Sources of Stress

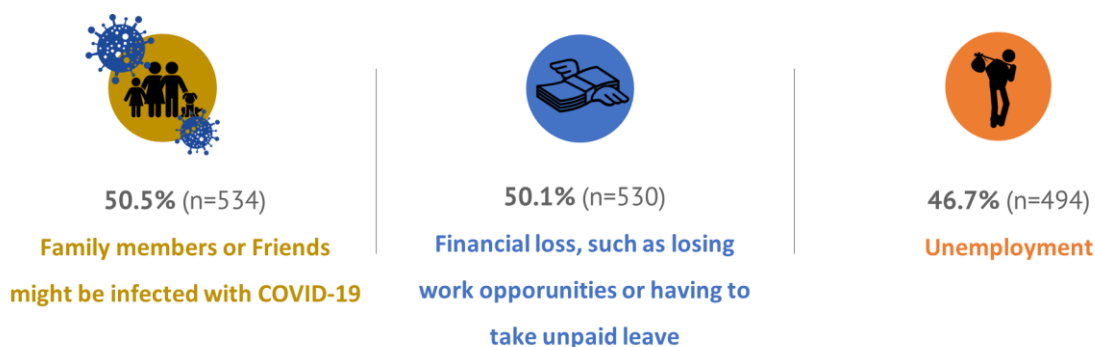


Figure 3: Top three sources of stress


Respondents were asked whether they felt anxious due to thoughts or concerns (sources) related to the outbreak. The top three sources of stress are shown above.

Help-Seeking

 **81.8%** (n=865) stated that they would **seek help** for COVID-19 related problems

Top five sources of help (n=865):

General Practitioners /Family Doctors	Counsellors	Polyclinic Doctors	Psychiatrists	Religious or spiritual advisors
47.1%	46.1%	34.6%	33.2%	29.7%
(n=407)	(n=399)	(n=299)	(n=287)	(n=257)

 **17.8%** (n=188) stated that they would **NOT** seek help for COVID-19 related problems

Top reasons for NOT seeking professional help (n=188):

Can manage by myself	Seek help from family /friends first	Too costly	Too busy	Privacy Concerns	Would not help
80.9%	50.0%	22.3%	21.3%	16.5%	14.9%
(n=152)	(n=94)	(n=42)	(n=40)	(n=31)	(n=28)

Figure 4: Help seeking behaviour for COVID-19 related problems

Respondents were asked whether they would seek help from professionals if they were to develop any emotional, or psychological problems related to COVID-19. For those who would not seek professional help for COVID-19 related problems, they were asked to share on the reasons why.

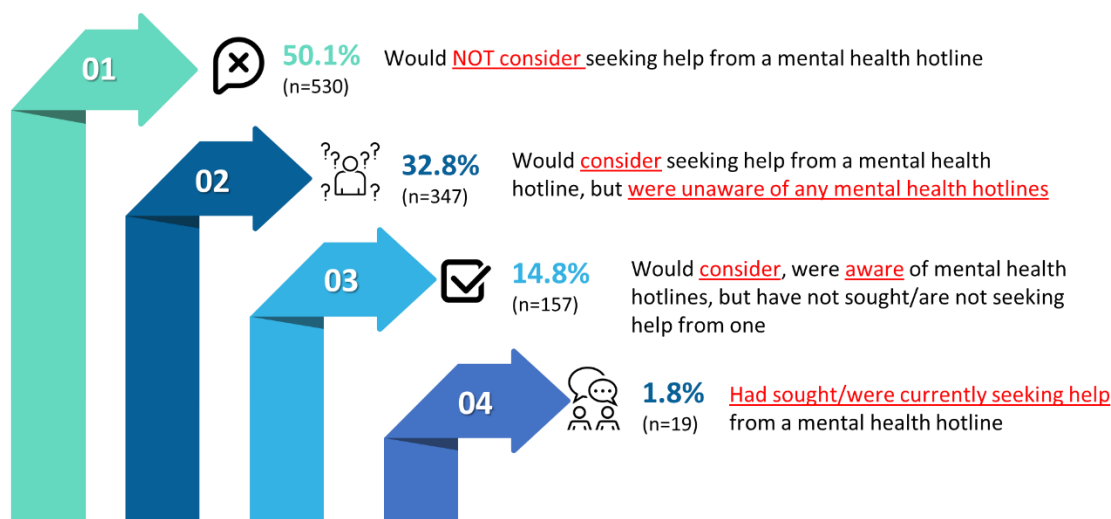


Figure 5: Willingness to seek help from a mental health hotline.

Respondents were asked whether they would seek help from a mental health hotline.

ii. Impact on Vulnerable Population Segments

Youths and Adolescents

8. The National Youth Council (NYC) conducted regular polls on Singaporean youths' challenges and sentiments on COVID-19, between April and December 2020. Survey results are shown in Figure 6. These findings demonstrated the importance of identifying ways to support youth through the pandemic, such as strengthening their ability to cope with anxiety and uncertainty, promoting help-seeking behaviours, and assurances about education prospects and career support.



Mental well-being remained a challenge for over half of the youth population (52%) polled during the second half of 2020

Top stressors cited by youth were:



Anxiety over the future (53%)



Stress over finances (41%)



Worries about academic or work performance (39%)

Figure 6: Results of National Youth Council's regular polls on Singaporean youths' challenges and sentiments on COVID-19

Older Adults

9. Based on the findings of a Singapore Life Panel study by the Singapore Management University Centre for Research on Successful Ageing (ROSA)³ which assessed the attitudes, behaviours and well-being of older Singaporeans during COVID-19, respondents reported a stark increase in feelings of isolation as the Circuit Breaker began in April 2020, with larger increases for those living alone, as compared to one year ago. Research has shown that social isolation is often associated with negative mental health outcomes. Thus, it was recommended for social and mental well-being efforts to be strengthened and more targeted at those who live alone.

Persons who require more support

10. The National Council of Social Service (NCSS) conducted a study exploring the impact of COVID-19 on persons who may require more support. It was reported that one in four persons with a disability, or with a mental health condition, had reported a disruption in their professional or social care during the Circuit Breaker. The study suggested that quality of life (QOL) for specific groups like seniors and persons with disabilities in the community had not improved since the Circuit Breaker period⁴. However, persons with mental health conditions reported that social services such as counselling and therapy had improved their QOL, illustrating the potential value of connecting the vulnerable to social services.

iii. Utilisation of Mental Health Services

11. The COVID-19 pandemic has brought about shifts in the way we work and interact with others, with more Singaporeans working from home during the pandemic. The implementation of public health measures and loss of livelihoods brought about an increase in social isolation and stressors, leading to an increase in distress and anxiety among the population. The Government has been monitoring the utilisation of mental health services during the pandemic.

- The IMH Mental Health Helpline⁵ saw 50% more callers in 2020 compared to the same period in 2019, with a peak seen in April 2020 which coincided with the start of the Circuit Breaker.
- The proportion of community referrals to Care-in-Mind⁶ for known or suspected mental health conditions increased slightly from 38% in April 2019 – March 2020 to 40% in April 2020 – March 2021.

³ Straughan, PT et al. (2020) Attitudes, behaviours, and the well-being of older Singaporeans in the time of COVID-19: Perspectives from the Singapore Life Panel. ROSA Research Briefs.

⁴ NCSS had conducted a follow-up study between March - May 2021 (in Phase 3 of Reopening). Findings will be separately shared at another platform.

⁵ The Institute of Mental Health's Mental Health Helpline is a 24-hour hotline that is available to the public to provide counselling for those suffering from psychological and psychiatric problems.

⁶ Care-in-Mind (CIM), careinmind@aic.sg, is an online platform set up by the Agency for Integrated Care (AIC) that functions as a first touchpoint for mental health related referrals from the community. CIM provides care coordination and right-siting for persons with and/or those at-risk of mental health conditions, as well as their caregivers.

- As of end May 2021, the National CARE Hotline⁷ has managed over 45,000 calls. The common concerns expressed by callers have included requests for emotional support, mental health issues, as well as marital and family related matters.

⁷ To further support the emotional and psychological needs of Singaporeans during the pandemic, the National CARE Hotline (NCH) was launched in April 2020. The NCH aims to provide emotional support and psychological first aid to people who have been affected by COVID-19. Duty CARE Officers, who include psychologists, social workers and counsellors, are trained to identify and attend to callers' needs by providing a listening ear, suggesting coping strategies, and providing relevant information to help reduce immediate distress and anxieties. Callers who require follow-up assistance will be given information and links to relevant community service providers and agencies for further support and services.

SECTION III: WORK DONE THUS FAR

Addressing the Population's Mental Well-being Pre-COVID-19

12. Addressing the population's mental well-being is not new on the national agenda. Even prior to the COVID-19 pandemic, a multi-pronged approach towards mental health has been undertaken in Singapore, with several initiatives in place spanning mental health promotion, early detection and intervention, disease management, care integration, and social support across different settings. These initiatives are summarised in this section.

13. Schools and Institutes of Higher Learning (IHLs) have teachers and staff who are trained to identify signs of distress in students, provide a first line of support and refer students to professionally trained counsellors where necessary. Mental health features prominently in MOE's revised Character and Citizenship Education (CCE) curriculum, which aims to strengthen mental health literacy from a young age and teach skills to build mental resilience. Implementation of the revised CCE curriculum has commenced for Lower Secondary students in 2021. It will be progressively rolled out to the remaining levels over the next 2 years. Building on the efforts in schools, the IHLs run mental health programmes and activities that equip students with baseline mental health literacy and build their resilience. A new mental wellness curriculum has been rolled out to all Year 1 students in Polytechnics and Institute of Technical Education (ITE). Another key pillar of mental health is peer support. All the IHLs have a peer support system in place, and all schools will establish one by end 2021. This will help to build a stronger culture of mutual care and support across all our educational institutions. Students who require additional support are referred to mental health professionals from the Response, Early Intervention, Assessment in Community Mental Health (REACH) programme or the Community Health Assessment Team (CHAT).

14. Outside of schools, NYC provides upstream support in promoting youth mental well-being. NYC and Youth Corps Singapore carry out engagements and events to raise awareness of mental health issues among youths.

15. For the general population, Health Promotion Board's (HPB) HealthHub acts as a one-stop portal providing access to a wide range of health content, including mental health. HPB also conducts mental health promotion and education programmes in schools, workplaces, and community with the aim of building mental wellbeing by equipping individuals with resilience and coping skills, and to encourage help seeking behaviour. Additionally, HPB offers training to build the capability of IHL peer supporters, workplace supervisors and educators to reach out to support those facing difficulties.

16. For individuals at risk of mental health issues, under the Community Mental Health Masterplan, the Agency for Integrated Care (AIC) has set up Community Outreach Teams to provide them and their caregivers with information on mental health, basic emotional support and service linkage to appropriate health and social services in the community.

17. To improve public attitudes towards persons with mental health conditions, the NCSS launched the Beyond the Label movement in September 2018 to facilitate conversations on mental health. Beyond the Label has galvanised the sector, mobilised support from more than 120 organisations across the people, public and private sectors and empowered the Social

Service Agencies (SSAs) to develop initiatives to combat stigma together as one community. It has garnered an estimated reach of over 5 million through these collaborations and media campaign.

Response to Address the Psychosocial Impact of COVID-19

18. Building on ongoing efforts, various agencies have responded to support the mental health needs of the population during the COVID-19 pandemic. These efforts culminated in the introduction or ramp-up of over 40 initiatives which can be categorised into the following three broad categories:

- A. Upstream initiatives to promote mental well-being and prevent the development of mental health conditions. This applies to the general population and specifically, parents and families; children and youth; workplaces and working population; and seniors.
- B. Downstream initiatives to facilitate the early detection, treatment and support of those at-risk of or with mental health needs.
- C. Other COVID-19 initiatives to address stressors which can impact mental well-being.

The following section summarises some of the key initiatives.

A. Upstream Initiatives for the General Population and Specific Population Segments

19. To preserve the healthy population's mental well-being, upstream efforts have focused on providing resources, raising awareness of mental health, and encouraging help-seeking behaviour. Several mental health resource hubs have been introduced during the pandemic, including the

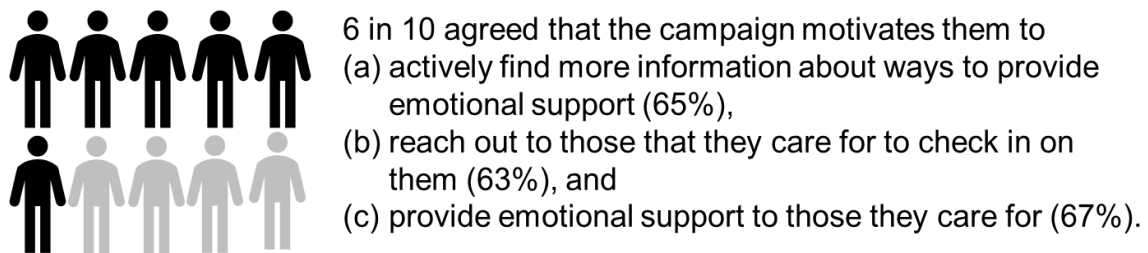
- a) 'Stay Well to Stay Strong' webpage introduced by the HPB in February 2020, which features mental health as one of five focus areas⁸, has garnered over 900,000 page views from February 2020 to March 2021;
- b) 'My Mental Health' microsite by Temasek Foundation and AIC, which provides resources such as locally developed mental health-related articles and online forums. The microsite has received more than 408,000 visits for the period between May 2020 and May 2021, with more than 195,000 unique users; and
- c) Mindline.sg by the Ministry of Health Office for Healthcare Transformation (MOHT), MSF, NCSS, and IMH, which is an interactive platform that includes a clinically validated self-assessment tool and an AI chatbot. It had received more than 169,000 visits for the period between June 2020 and January 2021 alone, with 131,000 unique users.

20. Two campaigns have been rolled out – the 'Brave the New' campaign led by the MCCY and supported by HPB ran from August 2020 to December 2020, and was subsequently dovetailed into the 'Hi#JustCheckingIn' campaign from January 2021 to March 2021. The Brave the New digital content has received more than 56 million impressions with more than

⁸ The 5 main areas of focus for the 'Stay Well to Stay Strong' webpage are Hygiene, Nutrition, Physical Activity, Mental Health and Smoke-Free.

800,000 engagements/click-throughs on the various content. An evaluation survey revealed that exposure to the 'Brave the New' campaign was also associated with increased coping ability, normalisation of stress during COVID-19, and increased willingness to seek help from others. For example, about 90% of those who saw the campaign were willing to seek help from others, compared to 76% among those who did not.

21. For the 'Hi#JustCheckingIn' campaign, the campaign website saw over 107,000 users, while the campaign video received around 1.2 million views. Post-campaign survey results are shown in [Figure 7](#).



Proportion of surveyed participants who said they know what to do to support someone who is having difficulties coping with challenges



Figure 7: Results of Post-campaign survey for the 'Hi#JustCheckingIn' campaign

22. In addition to broad upstream programmes for the general population, several targeted initiatives for specific population segments have been introduced, namely for parents and families, children and youth, workplaces, and seniors.

i. For Parents and Families

23. Building family resilience and parenting skills is an important aspect of safeguarding mental well-being. To this end, MSF's Positive Parenting Programme (Triple P) equips parents with strategies to build strong and healthy relationships with their children. To date, more than 30,000 parents have benefitted from the programme. MSF's evaluation studies found that the Triple P has positive effects on parenting and child outcomes in Singapore ([Figure 8](#)):



85% of parents endorsed the programme as being relevant to their parenting needs

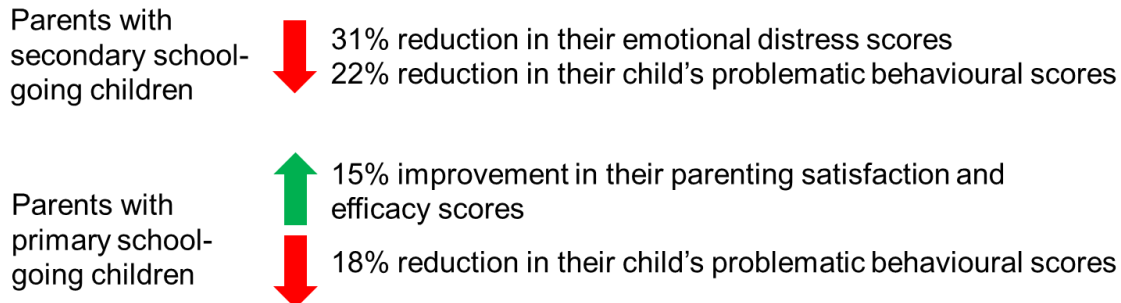


Figure 8: Results of evaluation studies on Triple P

24. The Early Childhood Development Agency (ECDA) also oversees the KidSTART programme which provides added support to children aged 0 to 6 from low-income families. KidSTART supports parents with the knowledge and skills to nurture their children's early development, including their physical and socio-emotional health and well-being, and works with community and corporate partners to support families holistically. Since 2016, KidSTART has benefitted over 1,000 children living in the pilot regions⁹.

25. During the Circuit Breaker period, the Families for Life (FFL) Facebook (FB) online series was launched to support parents juggling with the pressures of working from home, home-based learning, and caring for their loved ones. During this period, over 140 videos involving more than 40 experts and volunteers were produced. The series attracted 5,500 new followers for FFL FB, an increase of over 4.5%. Parent Kits (five issues) were also rolled out by MOE to share with parents about Home-Based Learning (HBL) and how they could support their child. In 2020, the 5 Parent Kits on HBL reached an average of more than 162,000 parents in primary school with an average of 71% readership and more than 89,000 parents in secondary school with an average of 57% readership.

ii. For Children and Youth¹⁰

26. Recognising children and youth's mental health needs as an area of concern, the Government developed strategies to support youth mental well-being during COVID-19, as outlined below:

- a) Ensuring support structures across all life stages including support in schools/IHLs, workplaces and the wider community setting;
- b) Empowering youths to take charge of their own well-being, by equipping them with the relevant knowledge and resources; and
- c) Addressing societal factors that impact youth mental well-being, such as ensuring a supportive societal culture and promoting digital wellness.

⁹ The pilot regions are Kreta Ayer, Bukit Merah, Taman Jurong, Boon Lay, and Geylang Serai.

¹⁰ Youths are individuals who are between 15 and 35 years old, as defined by the National Youth Council.

27. The above efforts were complemented by other supporting initiatives addressing stressors related to COVID-19, such as SGUnited Traineeships which helps graduates develop their skills professionally amidst the economic and employment climate.

a) Ensuring support structures across all life stages

28. To ensure support structures, MOE has taken the lead within the education system. With the onset of COVID-19, all primary schools, secondary schools and Pre-Universities were provided with additional resources for teachers to regularly check-in and support students' mental well-being. Academic staff in polytechnics and ITE conducted more regular "check-ins" with students, while Autonomous Universities paid additional attention to hostel residents. Schools and IHLs proactively identified students for support, high-risk students were monitored and face-to-face counselling support was provided where necessary.

29. MOE continues to strengthen the school support system and improve coordination of care pathways with community agencies and hospital for vulnerable students. In IHLs, training sessions are also provided by HPB to equip students with the knowledge and skillsets to reach out to peers in need and provide support. Sessions are also available to upskill educators so that they are better equipped to provide appropriate support for students.

30. Outside of schools, MCCY plans to build up peer support networks among youths in the community beginning with a pilot Community Peer Supporter programme by Youth Corps Singapore, supported by HPB. As of August 2021, approximately 30 youth participants have been onboarded as part of the pilot programme. AIC has also developed youth community mental health services to provide outreach, assessment, and intervention services to youths in the community.

b) Empowering youths to take charge of their own well-being

31. Empowering youths is another important strategy, which focuses on raising awareness of mental health and sharing resources. During the 2020 May Holidays, MOE provided all students with Holiday Care Packs to encourage holistic and healthy activities, strengthen supportive peer relationships and promote help-seeking behaviour. This was accessed more than 17,000 times on the MOE website during the 2020 May Holiday period. In some IHLs, student leaders organised mental health initiatives for their peers. Outside of school, several youth events to raise awareness of mental health have been rolled out by MCCY and People's Association (PA), some of which groom youth to be advocates. Youthopia, a youth-focused online first-stop portal to provide youths with content and opportunities, including mental well-being, was launched in October 2020. These resources empower youths to build mental resilience and healthy routines, and direct them to avenues to seek help where needed. As of May 2021, there have been more than 800,000 site visits to Youthopia.sg.

c) Addressing societal factors that impact youth mental well-being

32. While social media and online platforms have enabled youths to maintain social connections and seek support resources, they also expose youths to risks which can affect their mental well-being. Through MOE's revised CCE curriculum, which features Cyber Wellness strongly, students are taught to recognise signs of distress in peers, including

through social media postings. To augment these efforts during this period, MOE supported schools with resources on topics like how to stay safe online, and provided parents with resources to manage their children's online activities.

33. MCCY, together with other Government agencies, is also partnering tech companies such as TikTok and Facebook to promote the positives of online platforms while mitigating risks such as excessive screen time, cyberbullying, unhealthy peer comparison and exposure to content promoting self-harm or suicide. To encourage Whole-of-Society efforts, the Youth Mental Well-being Network, jointly supported by MOE, MSF and MOH, has brought together passionate individuals from all walks of life, including mental health professionals, parents and youths, to develop ground-up initiatives to address issues around youth mental well-being. Following an open call to the public in 2020, more than 1,500 members signed up. Network members proposed over 20 potential projects and initiatives, which are at different stages of development. This effort is complemented by the Youth Action Challenge (YAC)¹¹.

iii. For Workplaces and Working Professionals

34. Specific to workplaces, two advisories offering guidance to employers on mental well-being have been issued by the Ministry of Manpower (MOM) in collaboration with National Trades Union Congress (NTUC), Singapore National Employers Federation (SNEF), IMH and other partners. These are the 'Inter-Agency Advisory on Supporting the Mental Well-Being of Workers under COVID-19 Work Arrangements' introduced on 24 April 2020, and the 'Tripartite Advisory on Mental Well-Being at Workplaces', released on 17 November 2020. Recommendations included setting clear expectations on after-work hours' communications, training managers to spot signs of mental distress, and where they could refer employees to seek help.

35. Following a pilot, MOM launched the iWorkHealth tool, an online self-administered psychosocial assessment tool to help employers and employees identify and manage workplace stressors, in February 2021. As of July 2021, more than 130 organisations have registered for iWorkHealth, and more than 5,900 employees have participated and received their customized assessment report. Under the Total Workplace Safety and Health (WSH) Programme by the WSH Council, companies will be paired with Total WSH Service Providers who will work with them to assess health (including mental well-being) and safety risks in the workplaces before introducing specific interventions. The Public Service Division is also rolling out basic mental health training for 1,000 public officers who volunteer to provide basic emotional support for their colleagues.

36. At the workplace, the HPB has rolled out mental health programmes targeting both employers and employees. These programmes consist of talks and workshops aimed at developing the mental well-being of employees and building capability of supervisors to help them better support staff at work, and encourage them to seek help early, if required.

¹¹ The Youth Action Challenge (YAC) is a platform empowering youths to recommend policy changes or champion ground up initiatives in partnership with Government, businesses and community organisations, including on mental health. It is part of the SG Youth Action Plan (YAP), a 5-year plan for youths to articulate and realise their vision for Singapore.

iv. For Seniors

37. Seniors, especially those at risk of social isolation, are one of the vulnerable groups impacted by COVID-19. To serve this group, the Silver Generation Office (SGO), the outreach arm of AIC, identifies at-risk seniors to proactively check on their well-being, provide care and support, and link them to befrienders or to CareLine¹². During the lockdown period from May to June 2020, SGO partnered Project BUDDY, an initiative by Ageless Online, to offer seniors tele-befriending services. In March 2021, SGO collaborated with MCCY on the 'Brave The New' campaign to better support seniors in coping with stress arising from the new normal situation.

38. Apart from incorporating key narratives on mental resilience in the engagements, SGO's volunteers guided seniors on how to access online resources and self-care tools. SGO continues to encourage digital adoption amongst less tech-savvy seniors by connecting them to the Infocomm Media Development Authority (IMDA)'s Mobile Access for Seniors scheme, which provides subsidised mobile phones and data plans to seniors who are unable to afford them. SGO also encourages seniors to visit the SG Digital Community Hubs located islandwide to pick up basic digital skills through the Seniors Go Digital programme. Since June 2020, SGO has partnered CareLine and Temasek Foundation and distributed 182 smartphones with a 12-month subsidised data plan to vulnerable seniors who did not own a phone or landline so that they could benefit through digital connectivity.

39. Under the Community Mental Health Masterplan, AIC aims to build an integrated community mental health network across various care settings to support persons with mental health issues, so that they can age well in the community. Community Outreach Teams focus on raising public awareness of mental health conditions, early identification of at-risk individuals and providing emotional support. During COVID-19, many of the teams have switched to, or leveraged on, online activities to engage individuals where face-to-face engagement have not been feasible. These include online support and counselling by Silver Ribbon and Clarity Singapore, as well as mindfulness and workout sessions by Brahm Centre. PA and HPB have also been running physical and mental wellness virtual programmes such as videos, webinars and workshops that cater to seniors.

B. Downstream Initiatives for those At-Risk of or with Mental Health Needs

40. Beyond the healthy population, it remains essential to provide support and early intervention for individuals at risk of developing mental health difficulties, as well as to support individuals already experiencing them. To this end, agencies have put in much effort to ensure that psychosocial support and access to mental health services continue to remain accessible in the time of the pandemic. This section summarises key downstream initiatives.

i. Continued access to mental health services for persons with existing mental health issues

41. As one of the 'first touchpoints' for referral of persons with suspected mental health conditions, AIC continued to triage, provide initial intervention and essential care services

¹² CareLine is a 24/7 social support hotline that provides tele-befriending services as well as emergency response to seniors in distress.

during the Circuit Breaker period, working with IMH to pre-identify clients and providing longer hours of support. Community Outreach Teams and Community Intervention Teams (COMIT)¹³ service providers also continued to provide mental health support, which included actively guiding clients on utilising tele/video support. To sustain longer term interest in engagement and connection with clients, virtual platforms have been promptly implemented. Tele-consultation remains an important alternative for delivery of mental health services, with Public Healthcare Institutions providing video consultation services for the management of mental health conditions in suitable patients.

42. Specific to youth suicide, NCSS will be partnering IMH and SSAs to strengthen post-discharge support for youth with suicide ideation.

ii. *Emotional and psychological support for individuals at risk of developing mental health conditions*

43. Several avenues of psychological support have been made available to those experiencing anxiety, low mood, and coping with personal struggles or being placed on quarantine. Key among these are helplines such as the National CARE Hotline and specific AIC and MSF-run carelines for Persons Under Quarantine (PUQs) and under Stay Home Notice (PSHN).

44. NCSS has increased funding support for three of its funded counselling centres, which had seen a year-on-year increase of new and existing service users. Funding for Samaritans of Singapore (SOS) was increased to expand the capacity of its 24/7 crisis hotline service. At the onset of the pandemic, NCSS stepped up efforts by engaging over 20 partners, including Google, to promote 'Belle', the Beyond the Label helpbot on their platforms. The helpbot, which connects the public to mental health community services and resources, saw an almost four-time increase in the number of users during the national Circuit Breaker period, and almost five-time increase in the recent additional restrictions under Phase 2 (Heightened Alert) in May/June 2021. Since its launch in September 2019, Belle, the Beyond the Label helpbot has engaged more than 7,000 users. In light of the socio-economic uncertainties arising from COVID-19, the NCSS's Beyond the Label public education campaign in 2020 featured a short film targeting working adults, aged 20 – 62 years, who may be experiencing mental distress. The short film and its trailer have garnered more than 6 million views and encouraged help seeking behaviours. Family Service Centres have also continued to provide socio-emotional support to individuals and families with needs, bringing in the relevant mental health services to provide specialist support for those who required it.

45. Specific to migrant workers in dormitories, whose mental health was a rising concern during the Circuit Breaker, a multi-stakeholder taskforce called Project DAWN (Depression, Awareness, Wellbeing and Normalisation) was set up in November 2020 to co-create a mental health support ecosystem. The Taskforce developed a framework to guide the enhancement of mental health care support for migrant workers in Singapore and is now implementing them over two years. Notable among MOM's efforts is the deployment of Forward Assurance and Support Teams (FAST) trained in basic psychological first aid and peer leaders to look out for distressed dormitory residents and refer them to seek help if necessary.

¹³ Community Intervention Team (COMIT) providers are embedded in the community to provide holistic services for clients with mental health needs and their caregivers.

46. In addition, specific to the Migrant Domestic Workers (MDWs), MOM shares regular mental well-being messages and tips with the MDWs through its newsletters, social media channels and partners' networks. MOM produced resources such as a mental health booklet to educate both MDWs and their employers to identify common signs of stress, cultivate healthy habits and ways to seek help. MOM also work with Non-Governmental Organisations such as the Centre for Domestic Employees (CDE) and Foreign Domestic Worker Association for Social Support and Training (FAST) to run 24/7 helplines, socio-recreational activities and mental resilience workshops for MDWs.

C. Other COVID-19 Related Initiatives to Address Stressors which can Impact on Mental Well-Being

47. Beyond directly addressing mental wellness, several supporting initiatives have been rolled out to address stressors such as employment and financial fallout. Key initiatives include: the SGUnited Jobs and Skills Package, COVID-19 Support Grant, COVID-19 Recovery Grant, The Arts and Culture Resilience Package and Sports Resilience Package, Temporary Relief Fund, Care and Support Package, The Invictus Fund, The Courage Fund, the SG Care Community Network Outreach, and NCSS' efforts to improve employment of persons with mental health conditions prior to COVID-19.

48. The COVID-19 pandemic and related public health measures have resulted in additional stressors for families, such as job and/or income losses. Left unaddressed, these may increase the risk of family violence. This is in itself a negative outcome, and may in turn also, increase mental health concerns among survivors of such abuse.

49. In response to the heightened risk of abuse during the Circuit Breaker period, MSF intensified the Break the Silence public campaign to raise public awareness to report abuse and violence. MSF also partnered social service agencies such as the Singapore Council of Women's Organisations, and Casa Raudha Women Home to provide practical tips on staying resilient and safe at home, as well as information on available resources for families to get help. Community-run social service agencies funded by the Government, such as Family Violence Specialist Centres, have also remained operational throughout the COVID-19 period, and continue to provide support to their clients. MSF's psychologists also continued to provide assessments and treatments for children and families who experienced family violence, to aid in their recovery and support their mental health and wellbeing.

50. While not established in response to the COVID-19 pandemic, a multi-stakeholder Taskforce on Family Violence which is co-led by MSF and Ministry of Home Affairs was set up in February 2020 with the aim of developing a comprehensive understanding of the family violence landscape in Singapore, identifying areas for improvement, and co-creating recommendations to tackle the issue. These recommendations will serve as a guide for the community and the Government to redouble their efforts to tackle family violence.

51. Figure 9 summarises the response to support the mental health needs of the population during the COVID-19 pandemic.

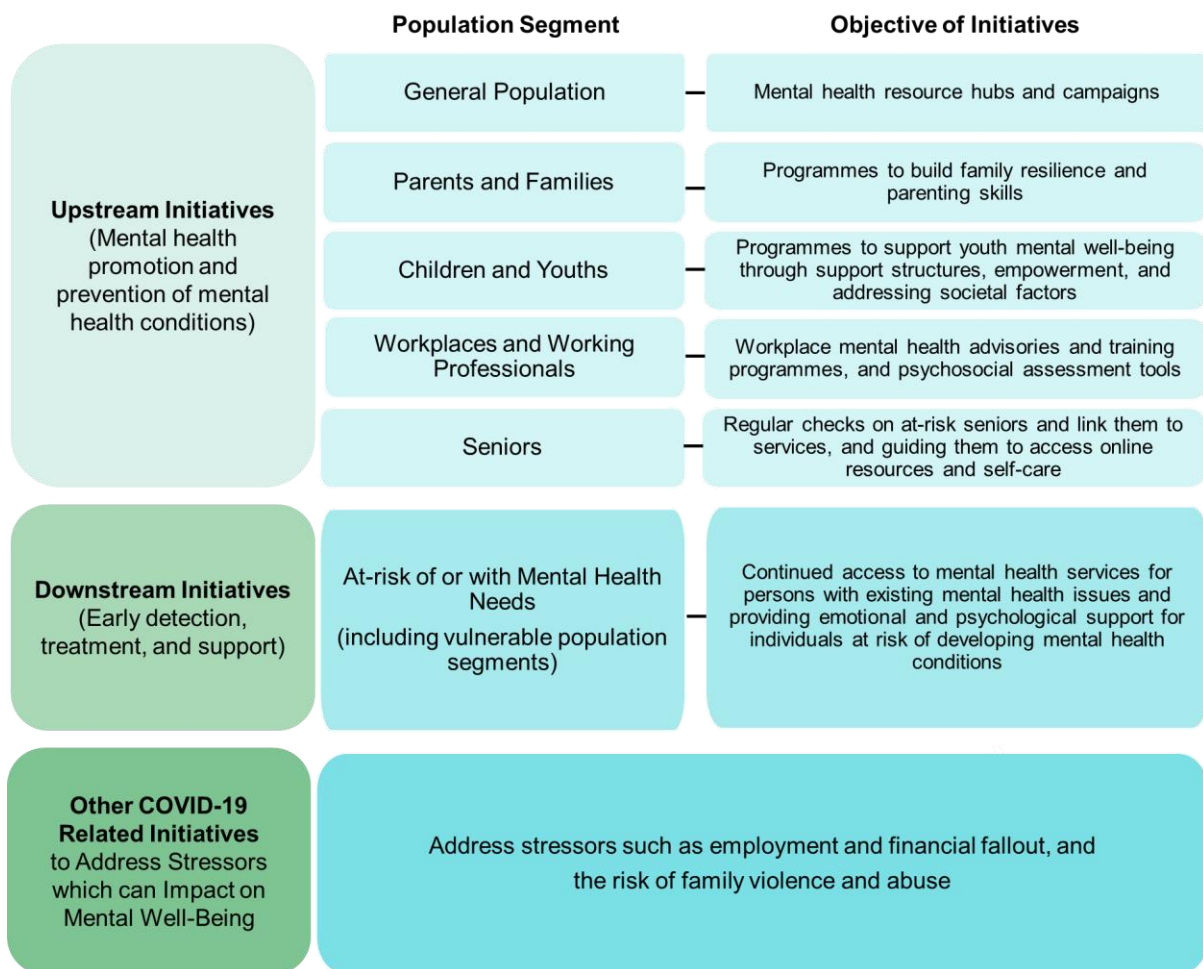


Figure 9: Summary of the approach to support the mental health needs of the population during the COVID-19 pandemic

SECTION IV: GAPS IDENTIFIED AND RECOMMENDATIONS

52. The Taskforce has reviewed the current mental health landscape including the recent initiatives implemented arising from the pandemic and identified a few gaps that will require a Whole-of-Government approach to address.

Gap A: Need for an Overarching Whole-of-Government Strategy

Currently, a range of agencies play different roles in the mental health and well-being landscape. While individual Ministries and agencies have implemented a slew of policies, programmes and services under their respective purview, there is a need to build an overarching strategy to guide the alignment and track progress of efforts across the different agencies in a coherent manner.

Recommendation A: To Develop an Overarching Strategy on Mental Health and Well-being

The Taskforce recommends the development of a National Mental Health and Well-being Strategy, which will provide overarching Whole-of-Government goals and strategies to improve mental health and well-being for the population, as well as guide and align the various agencies' individual efforts. The new National Mental Health and Well-being Strategy will articulate clear goals and action-oriented plans, that will be co-created with the public. There will also be efforts to addressing cross-cutting issues and identifying the gaps that would require multiple agencies to collaborate and collectively address. The Government will engage the public on the development of this strategy through a public consultation to be carried out in 2022.

It is important to measure the impact of the various initiatives and determine whether at the population level, mental health and well-being is improving. The new Strategy should also look at ways to improve data collection and data infrastructure across the Whole-of-Government to help triangulate emerging issues, establish an evidence base as well as measure the impact of our interventions.

Gap B: Need for Better Signposting Given Wealth of Resources

Currently, there are numerous online resources on mental health and well-being by government agencies and private providers. These resources increase awareness on the importance of mental health and well-being, how to identify signs and symptoms of mental health conditions, and provide information on self-help or mental health services/programmes. These numerous online resources can be confusing and overwhelming for those who are searching for information. Engagement sessions with members of the Youth Mental Well-being Network revealed that there are also concerns with the currency, legitimacy and credibility of the information found on these numerous online resources.

Recommendation B: To Develop a One-Stop Online Portal for National Mental Health Resources

There is a need to provide a trusted resource that offers reliable mental health information and self-help tools for those who need them. Currently, the HealthHub (healthhub.sg) developed by HPB is a one-stop portal for Singaporeans to access a wide range of health content, rewards and e-services. The portal is designed to empower Singaporeans to take charge of their health and wellness through the online access of personalised health records, better health literacy, and adoption of health lifestyle practices. Learning from the “Stay Well to Stay Strong” resource hub rolled out at the start of the COVID-19 pandemic, HPB will be developing a dedicated webpage for mental health. The webpage seeks to be the national go-to website for mental health and well-being where individuals will be able to access trusted, useful and accurate information which have been curated by experts, at their fingertips. The website will target individuals who want to find information for themselves, and those who want information on how to support others. The information will be updated and aligned across the various resources from the respective agencies. HPB is planning to roll out the pilot version of the portal in the later part of 2021.

Gap C: Better Alignment of Mental Health Training Resources and More Trained Mental Health Professionals

Raising the mental health awareness of the population is essential to building a resilient and mentally healthy population. Currently, there are various agencies which conduct mental health trainings for different target groups in the community, which include the general public, frontline officers, and mental health professionals (Annex B). With multiple agencies involved in providing mental health trainings across similar target groups, there is a need to review and standardise the various training curriculum, so as to establish a common set of training standards, support the training of different providers to achieve the requisite competency levels, and ensure that training sessions achieve the intended training goals and outcomes.

The Taskforce also noted that despite the increase in number of mental health professionals over the years, there are still capacity and access issues such as insufficient trained mental health professionals and long appointment wait times. This led to high burnout rates in the profession, which compounded the capacity shortfalls. Other challenges included concerns over affordability, and the need to minimise duplication and improve coordination of various services with citizen-centricity in mind. To improve accessibility and sustainability of mental health services, the Taskforce recommends to leverage, train and build a pool of informal first responders, so that the community can deliver psychological first aid as part of Total Defence rather than relying solely on professionals.

Recommendation C: To Develop a National Mental Health Competency Training Framework

In order to review and standardise the various training curriculum, the Taskforce suggests developing a national mental health competency framework with a common set of training standards and clearly defined degrees of competencies expected of professionals and paraprofessionals who support persons with mental health challenges. The framework could provide guidance in (a) building capabilities across the health and social care workforce, (b) aligning training interventions to a consistent model and (c) identifying training needs of professionals and para-professionals who support and care for persons with dementia and caregivers. The alignment will help to avoid duplication of agencies' efforts and facilitate better utilisation of resources. The agencies which provide mental health training to community members have begun work to map out their mental health training programmes according to the proposed framework.

The proposed national mental health competency training framework will also help to map and expand the pool of manpower for delivering a wider range of services from mild, moderate to severe conditions. Furthermore, the aligned training resulting from the use of this competency framework would also allow interested employers to send their employees for standardised training. Employers could also perform self-assessments to identify their own training development areas in relation to providing mental health support, to ensure that support at workplaces were more comprehensive and pervasive.

SECTION V: CONCLUSION

53. COVID-19 has brought about unprecedented shifts in the way we live. The fear of the risk of infection, changes in daily routine and social isolation brought about by the need to observe safe management measures, as well as economic uncertainty, are stressors that have impacted on the mental well-being of individuals.

54. At the population level, the COVID-19 pandemic has been a stress test on the nation's resilience and ability to cope with a global crisis. The pandemic has caused a major psychosocial impact to the local population. However, the crisis has been matched by an extraordinary response not only from mental health professionals, but also from the community as well as agencies and organisations. The volume of calls and referrals made to the National CARE Hotline and Care-in-Mind respectively are significantly lower compared to the period when the Circuit Breaker was first introduced. This may suggest a certain level of coping in the population. However, from the increase in the volume of calls to IMH's Mental Health Helpline from January to May 2021, there are signs that there could still be areas of concern with the long term impact of the pandemic. There will be a need to continue to monitor the utilisation of mental health services to determine the ability of the population to better cope with stressors brought about by the new norm.

55. The COVID-19 Mental Wellness Taskforce has conducted a review of the psychosocial impact of the COVID-19 pandemic on the population and completed a stocktake of the initiatives that have been introduced across Ministries and agencies to address the impact. From the review, three key issues/gaps have been identified that require tackling at the Whole-of-Government level so as to better meet the mental health needs of the population.

- **Develop an Overarching Strategy on Mental Health and Well-being** to provide overarching Whole-of-Government goals and strategies to improve mental health and well-being for the population, and guide and align the various agencies' individual efforts
- **Develop a One-stop Online Portal for National Mental Health Resources** which will be curated by experts and target individuals who want to find information for themselves or their loved ones. HPB has started work on this with relevant agencies to develop the one-stop portal on HealthHub.
- **Develop a National Mental Health Competency Training Framework** with a common set of training standards and clearly defined degrees of competencies expected of professionals and para-professionals who support persons with mental health conditions.

56. Beyond COVID-19, the COVID-19 Mental Wellness Taskforce has transited into a new Interagency Taskforce on Mental Health and Well-being in July 2021 to oversee mental health and well-being efforts, focusing on cross-cutting issues that require interagency collaborations. The new interagency platform will also oversee the implementation of the recommendations of the COVID-19 Mental Wellness Taskforce, as well as build on the lessons learnt and best practices of agencies to continue with efforts to strengthen the mental resilience of the population in difficult times like this. This report which lays out the mental health landscape, the impact and lessons from the COVID-19 pandemic, as well as

recommendations to address existing gaps, will lay the foundation for the work of the new interagency Taskforce.

LIST OF COVID-19 MENTAL WELLNESS TASKFORCE MEMBERS

	Role	Name	Designation	Agency
1	Advisor	Dr Janil Puthucheary	Senior Minister of State	Ministry of Health
2	Advisor	Ms Sun Xueling	Minister of State	Ministry of Education
3	Advisor	Mr Eric Chua	Parliamentary Secretary	Ministry of Social and Family Development
4	Chairperson	Prof Chua Hong Choon	Former Chief Executive Officer	Institute of Mental Health
5	Co-Chairperson	Dr Jeannie Tey	Director (Health Services Integration and Development Division)	Ministry of Health
6	Member	Mr Tay Choon Hong	Senior Director (Youth Division)	Ministry of Culture, Community and Youth
7	Member	Mrs Tan Chen Kee	Divisional Director (Student Development Curriculum Division)	Ministry of Education
8	Member	Mr Christopher Koh	Former Director (Occupational Safety and Health Unit, Workplace Policy and Strategy Division)	Ministry of Manpower
9	Member	Ms Jennifer Teoh	Director and Senior Principal Forensic Psychologist (Clinical and Forensic Psychology Service, Rehabilitation and Protection Group)	Ministry of Social and Family Development
10	Member	Ms See Yen Theng	Deputy Chief (Caregiving and Community Mental Health Division)	Agency for Integrated Care
11	Member	Mr Gary Khoo	Director (Preventive Health Programmes and Healthy Ageing Programmes)	Health Promotion Board

12	Member	Ms Seah Yang Hee	Deputy CEO and Group Director (Service Planning and Funding)	National Council of Social Service
13	Member	Mr Ng We Khoon	Director (Active Ageing and Family Life)	People's Association

Mental Health Trainings conducted by Government and Partner Agencies

Agency	Target Audience	Training Provided
AIC	Frontline agencies, grassroots leaders, community partners	<ul style="list-style-type: none"> Equip target audience to identify signs and symptoms of various mental health conditions, how to communicate and engage persons with mental health issues and link those identified to services or resources as appropriate.
IMH	Frontline agencies and grassroots leaders	<ul style="list-style-type: none"> Identify persons with mental health distress, appropriately triage and direct these individuals to downstream resources in a timely fashion, based on their needs. Equip target audience with skills to resolve the presented issues in the community and refer individuals with needs to community mental health providers for assistance.
	Workplaces	<ul style="list-style-type: none"> Psychological first-aid training to enable early identification and peer support for colleagues with mental health distress and referral to the appropriate resources to seek help.
	Primary care providers	<ul style="list-style-type: none"> Training to manage mental illnesses and allow them to independently manage non-severe cases related to stress and anxiety and triage severe cases to the appropriate care providers.
HPB	Students, educators, workplaces	<ul style="list-style-type: none"> Conducts mental health promotion and education programmes in schools and IHLs, workplaces, and the community with the aim of building mental well-being and facilitating help seeking. Peer support training for IHL peer supporters, workplace supervisors and educators to reach out to support those facing difficulties.
MOE	Academic and non-academic staff	<ul style="list-style-type: none"> Enhance professional development in mental health literacy for educators and staff to identify signs of distress in students, monitor their well-being, and provide guidance and support and refer those who require additional support to teacher counsellors and professionally trained counsellors in schools and IHLs, and other mental health service providers in the hospitals and community. Some IHLs have para-counselling programmes for academic/non-academic staff. The IHLs work with community partners to equip para-counsellors with additional skills in counselling and socio-emotional support work.

NCSS	Social service professionals	<ul style="list-style-type: none"> • Provide counselling skills courses to equip individuals with basic counselling skills to work with clients having mental health issues. • Skills-based courses such as Understanding and Supporting People in Journey of Loss and Grief, Applied Suicide Intervention Skills Training, Mental Illness and Family. • Moving forward, the Social Service Institute is forming new partnerships with Subject Matter Experts to deliver courses on Suicide Prevention 101 (self-paced e-learning), E.M.B.R.A.C.E. Mental Health, and Mental Health First Aid.
	Persons in recovery	<ul style="list-style-type: none"> • Training Peer Support Specialists (PSS) to provide support to others in their recovery and complement mental health professionals and enhance mental health service delivery.
PA	Grassroot leaders	<ul style="list-style-type: none"> • Equipping grassroots leaders with basic psychological first-aid training to assist residents in heightened levels of distress such as in the aftermath of a terrorist attack.