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# YOUTH IN LOOP

Conversations on Young Adult Mental  
Health in Singapore

ALECIA NEO



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Conversations on Young Adult Mental Health in Singapore

**ALECIA NEO**

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**YOUTH IN LOOP**  
Conversations on Young Adult Mental Health in Singapore

**ALECIA NEO**

*Edited by* Li Li Chung  
*Essay by* Xiangyun Lim



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# FOREWORD

## Word from the ‘Wart’

Li Li Chung

If there ever is a most sensitive and complicated topic to discuss, it is mental health.

And even more so when it pertains to pre-teens, teens and young adults, aged 10-29. Which just looking at those age brackets, most of us will remember it as an exciting but head-spinning time of sea changes. And anxieties and questions. For family and friends, who are often the first port of call for young people, it can be mind boggling to discern whether the situation is that, situational, “a phase”... or is it something requiring professional assessment and counselling. It is too easy to say one can tell before aged 10 as it can be too hasty to jump to conclusions but it can also be too hasty to ignore.

Hot off the press, NUS just reported in the first nationwide study of adolescents’ mental health and resilience that there are serious “gaps in parents’ understanding of mental distress as 1 in 3 youth reports symptoms ... only about one in 10 parents observed signs of distress in their children, but one in three adolescents reported such symptoms”.<sup>2</sup>

So what to do, what to do to ensure care and well-being?

I especially thank Alecia Neo for her art practice focus on mental health and am thrilled that her

Exactly project *Youth in Loop* is part of her long-term initiative, *Care Index*. There is indeed much to navigate in such creative presentations. Alecia and I deliberated intensely on how to approach this project and how to extend beyond publicly available information and narratives. We landed on not just a project to visualize the pain and probable causes but the paths towards well-being that many individuals have taken. What works, what doesn’t? For the individuals. It has to be for them and their supporters.

First, some publicized data: Asher Low, founder of Limitless (which offers mental health support to youths who would otherwise not be getting any help) noted that according to the World Health Organization, 50% of mental health issues arise before the age of 14, and 75% by age 24. “Our case workers are also seeing a rise in clients with suicidal ideation, with 27% of our clients in 2020 struggling with thoughts of ending their lives, as compared to 25% in 2019.”<sup>3</sup>

That said, is there something that we in Singapore need to champion on policy and support systems?

*For example, access to professional help: Ensuring equal access to quality support has been greatly hindered by our lack of trained professionals and an underinvestment in our mental healthcare system. Singapore currently*

*has a national average of 4.4 psychiatrists and 8.3 psychologists for every 100,000 residents, one of the lowest ratios among similar high-income nations. The 24-hour National Care Hotline is currently run by a small group of about 500 volunteers. Moreover, in 2017, only 3% of the Ministry of Health's operating expenditure was dedicated to mental health. This shortage of resources could result in many Singaporeans being left to struggle with their mental health without proper support, causing it to decline to crisis point where help comes too late.*<sup>4</sup>

*Mr Chan [Chun Seng, Education Minister] had said the total number of teacher-counsellors, who work alongside school counsellors, was 700 in July last year [2021] and that MOE wanted to deploy more than 1,000 of them in the next few years.*<sup>5</sup> [Google says we have roughly 989,000 school-age children; 1000 students to 1 counsellor, is that an acceptable ratio?]

To me, it's not just a question of increasing numbers of professionals but a critical need for counsellors' licensing and elevating of the counselling profession to better pay and discernible career paths. If we are so worried about our young people's mental health, why don't we properly professionalize the job? If we can license real estate/insurance brokers, what more mental health professionals?

Secondly, on policy, a few areas pop up: *“Black box” labelling of anti-depressants: still no such labelling in Singapore? And insufficient warnings pre-administration. This is broached so painfully by Elaine Lek, member of the Please Stay group.*<sup>6</sup> *In the US e.g., the Federal Drug Administration (FDA) in 2004 issued some warnings need to be prominently known, that a “black-box” label warning indicating that the use of certain antidepressants to treat major depressive disorder (MDD) in adolescents may increase the risk of suicidal ideations*

*and behaviors”. Elaine lost her son as he reacted poorly to his new medication which was not “black box”ed, after leaving too soon to study abroad and unaware of the new medication's effects.*

*Lowering to age 16 to ask for help without parental consent: Though there's no law for this, most mental health treatment providers follow “a general rule that those under 18 should have parental consent before receiving any form of therapy or counselling. ... Some Singaporean organisations like Limitless are already using the Gillick test in cases where parental consent is not possible. Flexibility with the parental consent rule will allow for a more nuanced approach to treatment. Hopefully our youths will feel more encouraged to seek early treatment, instead of rejecting much needed intervention out of fear.”*

*Understanding of mental health issues in NS and all work places: it is heart-wrenching to read of young men struggling to cope with NS (which is a unique rite of passage for young men in Singapore) and the inability of those in the immediate circles of influence to temporarily halt the rigid rules to accommodate for the young person's challenges. One loss is one too many.*

Lastly, on stigma: The Institute of Mental Health reported a nationwide study showing that “1 in 7 people in Singapore has experienced a mental disorder in their lifetime”.<sup>8</sup> If this is the case, why are we so surprised and even embarrassed, wanting to hide it all? In a recent talk in an art space, two aunts of a young adult who shared her mental illness publicly, along with her parents, in an art project ... vehemently protested that this public airing hurts their niece and should be stopped. Who's having the problem with this family “thing”? But stigma is real as is the fear of.

So, where do we go from here? We need more resources in the right places, ethical and binding policies and practices, safe work places, safe families. We need compassion. Above all, we need to listen. Mental health has been around “forever” since humans roam the earth, competing to survive. We can be better at this.

<sup>1</sup> 'Wart is short for Stalwart, which Exactly Foundation's first resident Kevin Lee suggested that for future residences, I should pen a statement as “Exactly Foundation Stalwart” – a label that sounds like too much adult responsibility.

<sup>2</sup> NUS study finds gap in parents' understanding of mental distress as 1 in 3 youth reports symptoms. Amelia Teng. The Straits Times. 27 April 2027. [https://www.straitstimes.com/singapore/nus-study-finds-gap-in-parents-understanding-of-mental-distress-as-1-in-3-youth-reports-symptoms?utm\\_source=emarsys&utm\\_medium=email&utm\\_campaign=ST\\_Newsletter\\_AM&utm\\_term=NUS+study+finds+gap+in+parents'+understanding+of+mental+distress+as+1+in+3+youth+reports+symptoms+&utm\\_content=27%2Fo4%2F2023](https://www.straitstimes.com/singapore/nus-study-finds-gap-in-parents-understanding-of-mental-distress-as-1-in-3-youth-reports-symptoms?utm_source=emarsys&utm_medium=email&utm_campaign=ST_Newsletter_AM&utm_term=NUS+study+finds+gap+in+parents'+understanding+of+mental+distress+as+1+in+3+youth+reports+symptoms+&utm_content=27%2Fo4%2F2023)

<sup>3</sup> Youth in Action: A survivor of mental health struggles turns his focus to helping young people find their way. TODAY 24 November 2020 [https://www.todayonline.com/singapore/survivor-mental-health-struggles-turns-his-focus-helping-young-people-find-theirway?cid=emarsys%20today%27s%20morning%20briefing%20for%20Nov%2024,%202020%20%28ACTIVE%29\\_newsletter\\_24112020\\_today](https://www.todayonline.com/singapore/survivor-mental-health-struggles-turns-his-focus-helping-young-people-find-theirway?cid=emarsys%20today%27s%20morning%20briefing%20for%20Nov%2024,%202020%20%28ACTIVE%29_newsletter_24112020_today)

<sup>4</sup> 5 Actions You Can Take to Combat Suicide in Singapore. Melia Sin/A Good Space. 24 September 2021. <http://www.agoodspace.org/5-actions-you-can-take-to-combat-suicide-in-singapore/#.YVRiyoRodU>

<sup>5</sup> A year after alleged murder in school, RVHS community has moved forward: MOE. Samuel Devaraj. The Straits Times 16 July 2022. [https://www.straitstimes.com/singapore/a-year-after-alleged-murder-in-school-rvhs-community-has-moved-forwardmoe?utm\\_source=emarsys&utm\\_medium=email&utm\\_campaign=ST\\_Newsletter\\_AM&utm\\_term=A+year+after+alleged+murder+in+school%2C+RVHS+community+has+moved+forward%3A+MOE&utm\\_content=17%2Fo7%2F2022](https://www.straitstimes.com/singapore/a-year-after-alleged-murder-in-school-rvhs-community-has-moved-forwardmoe?utm_source=emarsys&utm_medium=email&utm_campaign=ST_Newsletter_AM&utm_term=A+year+after+alleged+murder+in+school%2C+RVHS+community+has+moved+forward%3A+MOE&utm_content=17%2Fo7%2F2022)

<sup>6</sup> <https://www.pleasestaymovement.com/healthcare>

<sup>7</sup> Allow youth above 14 to seek help without parental consent: Mental health treatment providers. Goh Yan Han. The Straits Times 8 April 2023. <https://www.straitstimes.com/singapore/allow-youth-above-14-to-seek-help-without-parental-consent-mental-health-treatment-providers>

<sup>8</sup> 8 December 2018. <https://www.samhealth.org.sg/understanding-mental-health/what-is-mental-illness/>

# KEYNOTE ESSAY

## Notes From a Publisher

Xiangyun Lim

How did we get here?

A total of 476 suicides were reported in Singapore in 2022, the highest number in more than 20 years. 125 were youths<sup>1</sup>. Recent studies also uncovered worrying statistics, including a study of 3,336 youths in which one in three reporting mental health symptoms such as sadness, anxiety and loneliness<sup>2</sup>. Another survey of 17,000 conducted by the Ministry of Health (MOH) also found young people to be the the highest proportion of Singaporeans with poor mental health: 21.6%<sup>3</sup>.

This has not gone unnoticed. A national mental health and well-being strategy was launched in the second half of last year, incorporating feedback gathered from a public consultation done in 2022<sup>4</sup>. Four focus areas are covered: (1) expanding capacity of mental health services; (2) enhancing capabilities of service providers for early identification and intervention; (3) promoting mental health and well-being; and (4) improving workplace mental health and well-being<sup>5</sup>.

This national plan is a step towards prioritising mental health and recognising the gaps in our current healthcare system. It is also an ambitious one. Through her works, Alecia sheds light on the intricacies of these gaps and how much of a challenge it will be to address them

holistically. A, for example, talks about the clinical, disempowering and convoluted experience of navigating diagnosis and treatment. SB shares how “very little agency and say” one has in the process, and how that made her/he/them feel “powerless and isolated”. Bryan speaks of the exhaustion and overwhelm of navigating the support “provided by six different organisations who all wanted to help but could only do so within particular parameters”.

During the time I’ve worked on *White: Behind Mental Health Stigma*, I have spoken to many who echo these experiences: the loneliness of going through something that one often does not even understand or know how to manage; how isolating this feels in a society where stigma is still pervasive; how demoralising it feels to gather the strength and courage to reach out, only to face multiple hurdles in a healthcare system that is under-funded, under-resourced and under-served; the deep yearning for release from it all. If we are to move forward as a society towards mental health care and management that really serves our needs, we have to keep the following in mind:

### We need a more contextualised view towards mental health

Diagnosis is currently largely based on the Diagnostic and Statistical Manual of Mental Disorders (DSM), now in its fifth edition. While helpful in categorising visibly symptomatic behaviours into this singular perspective on what counts as mentally disordered, this manual does not take into account the range of phenomena of varying severity that is in play behind all of our experiences<sup>6</sup>. It also bases diagnosis upon symptomatic behaviours, which can be short-sighted as only a time-bound and partial snapshot of what someone is going through is considered (especially for chronic, low-grade and trauma-related conditions).

Another limit of this approach is the labelling of these issues as only “mental” and psychological disorders, in effect positioning the problem *and* solution in the individual without taking into account the environments in which they function from. It’s akin to trying to save an ailing plant by cutting away rotten leaves without treating the soil that is poisoning the roots.

In a similar way that no solitary factor can be attributed to issues like homelessness and addiction, a thorough examination must encompass genetic vulnerability, distal factors, psychiatric and psychological elements, familial dynamics, economic aspects, and social and cultural influences<sup>7</sup>. Labels and medications are not cures-all. By paving the way towards the identification and addressing of root causal issues, taking a more contextualised view can also help inform more universal measures targeted at prevention and mental health management in the longer-term.

### We need to see those with lived experiences as integral agents in recovery

The majority of those I’ve spoken to describe their experiences of professional treatment as mostly negative, ranging from being clinical to outright dehumanising. One of the authors in *White: Behind Mental Health Stigma* and an academic, Nurul Fadiah Johari, shares the lack of empathy that comes from seeing the mentally ill as less of an equal, putting any act of listening as a mere function for the doctor or therapist to determine what is wrong with the subject based on a fixed set of guidelines as prescribed in the DSM<sup>8</sup>. A peer dialogue response describes:

*Intuitively, I looked up a psychiatrist without really understanding what that entails. This pathway has never really worked for me, mostly for the fact that the psychiatrists I encountered never seemed to acknowledge my feelings and sensations, and merely sought to map them so that they could prescribe drugs. The first psychiatrist I ever saw actually wasn’t sure if I had any form of textbook anxiety but prescribed medication anyway, which I declined, and I never saw her again. My experiences were similar with two other psychiatrists whom I saw for a very brief period of time later on. (Peer Dialogue Response by Anonymous, 8 November 2023).*

The problem is not on mental healthcare workers. Far from it. It is the approach we have built our diagnosis and treatment upon, which very much follows the current structure for existing physical medical conditions. Indeed those who have the power to merit out diagnosis, usually psychiatrists, may very well spend the least amount of time with the patients themselves.

We need to have more empowering approaches towards diagnosis and treatment that places them squarely as active agents. As a fairly nascent approach, additional evidence is needed to understand what active engagement means and how that translates into improved quality of care. But at the very least no one should feel like their dignity or humanity is lost because of a mental health condition. I am a firm believer that seeing individuals as not merely a patient, but a human with the opportunity to grow beyond their current situation and set of experiences, is critical in both recovery and continuing mental health management.

**We all have a part to play**

It’s not a pretty picture for our collective mental health, especially for youths. We are living in turbulent times with deeply embedded cycles of poverty, trauma and violence at a global scale. The pandemic also left sharp rises in mental health illnesses while highlighting major gaps in mental health systems and quality of care around the world<sup>9</sup>. Waiting, or playing the blame game on systemic issues will not serve us. We have the power to shift the mental health narrative to a collective one by recognising what we can do in our personal capacities. This can be by simply actively addressing stigma and preconceived notions you have on this topic. This could also be by taking responsibility for your own mental health and wellbeing — and reaching out when you need help.

Have conversations. Use language with care. Learn to listen and hold space for different narratives. What sounds simple may be some of the most powerful actions we all can take in our everyday. When done with respect and agency, our conversations can lead to change. They will also let those around us know that they are not alone.

<sup>1</sup> Aged 10-29. According to non-profit suicide prevention centre Samaritans of Singapore (SOS). The trend has been upwards for the past five years, from 94 in 2018 and 2019 to 101 in 2020, 112 in 2021 and 125 in 2022.

<sup>2</sup> Aged 11-18. Singapore Youth Epidemiology and Resilience Study (2023), <https://medicine.nus.edu.sg/news/building-resilience-is-key-to-good-mental-health-nus-youth-epidemiology-and-resilience-study/>

<sup>3</sup> 2022 National Population Health Survey. Overall, 17 per cent of Singapore residents faced mental health issues in 2022, up from 13.4 per cent in 2020.

<sup>4</sup> Preliminary recommendations: <https://www.reach.gov.sg/Participate/Public-Consultation/Ministry-of-Health/Public-Consultation-on-the-Preliminary-Recommendations-of-the-Interagency-Taskforce-on-Mental-Health-and-Well-being>

<sup>5</sup> For more on measures: <https://www.moh.gov.sg/news-highlights/details/launch-of-national-mental-health-and-well-being-strategy>

<sup>6</sup> I would highly encourage readers to read up on the DSM-5 including the history behind the inception and adoption of the DSM as a diagnostic manual.

<sup>7</sup> Factors like life events and liststyle are also important, along with environmental factors like access to basic needs, disruption to social structure or values, social isolation, media reporting (especially with social media today). There is also an inextricable relationship between social and economic inequality and poor mental health.

<sup>8</sup> 102-111, *White: Behind Mental Health Stigma*

<sup>9</sup> More than 70% of mental health expenditure in middle-income countries still goes towards psychiatric hospitals. Around half the world's population lives in countries where there is just one psychiatrist to serve 200 000 or more people.

**Biography**

**Xiangyun Lim** (Xy, she/her) is the publisher and editor of *White: Behind Mental Health Stigma*. This first collection looks at mental health in our personal, social, and civic lives through a range of perspectives, including those from organisations, practising professionals and personal experiences from individuals and marginalised communities.

# ARTIST’S STATEMENT

## Youth in Loop

Alecia Neo

### On-going reflections

What does “recovery” mean in the context of youth mental health?

What conditions and environments are necessary for a young person’s well-being? What loops and barriers prevent us from embracing and receiving care from others?

These were some questions I began with at the start of my photography residency with Exactly Foundation. I am interested in examining well-being as a state of mental health and I chose to focus on the experience of depression due to its prevalence, both in Singapore and globally, and its intersection with numerous mental health and social-political conditions. Depression can be understood as a state of behavioural shutdown, which often results in challenging and deeply-disabling cycles of avoidance and isolation. Through centring the perspectives of young people on mental health, this project was an attempt to disrupt the norm of adults setting the rules for engagement: I invited young people to reflect upon the loops they navigate by sharing their practices and resources of care. Beyond the individual, I hope also to examine larger cultural and societal structures that limit and guide our responses towards mental illness in Singapore.

### Reclaiming Recovery

During this residency, I invited young persons below 30 and adults who have experienced depressive states in their youth and found ways to manage it currently to share their perspectives on mental health. Fourteen persons responded. Some agreed to have their photographs taken for this project. The participants come from very diverse socioeconomic and educational backgrounds. Several performed the role of primary or secondary caregivers to their families or peers. Their entry points and experiences navigating the mental health care system are multifaceted and nuanced. I approached each meeting as a conversation, and I feel deeply privileged to have had these personal exchanges with each one of them. Each person came to the conversation with honesty, vulnerability and kindness that has been shaped by years of questioning, self-doubt, unlearning inherited beliefs and values, and relearning how to reconnect with themselves and find their place in the world. Among them, some found the word “recovery” a term loaded with misconceptions. Recovery evoked a sense of return to “normal”, a sharp upward turn towards common markers of mainstream success — a return to work, to productivity, to



business as usual. There was dismay as well as concern at the current trend of inspirational mental health stories that paint a far too simplistic image of successful recovery, which they found at odds with reality and seed the misconception that one can simply “snap out of it with the right mindset”. Many expressed they continue to live with depressive states that return at different stages of their lives. Much effort and rigour goes into learning how to manage their symptoms and developing a strong support network beyond their immediate families; this is a constantly evolving process with varying complexities depending on their stage of life — any transition demands and invites different forms of interaction with others. Chan Li Shan, the author of *A Philosopher's Madness* and a mental health advocate who has schizophrenia, shared: “Telling a story is not enough. It has to be heard. It depends on how we listen.” During our conversation, we both acknowledged that many mental health events, while well intended, are often limited in impact due to a multitude of reasons, such as funders’ and organisers’ goals as well as attendee needs. Many stories remain unheard, including those of people who have been institutionalised for a long time.

Listening is a priceless craft, a practice not easily honed, especially in cities where efficiency and pragmatism are prioritised, and deviance and non-compliance are shunned. Here in Singapore, medical professionals and experts are typically the first port of call for people or caregivers who encounter a crisis. There is often trust in the authority of experts with training and certification without asking deeper questions about what happened to the individual. The goals often are to diagnose, solve and fix the problems of non-compliance and “lack of insight”. However, as experienced by many of the participants who have sought treatment or support for their mental health conditions, this culture of “fixing” hinders true listening, often leaving them disempowered and feeling talked at and over. Through my conversations with the participants of this project, I was struck by how we are still miles away from integrating person-centred care practices into our families, workplaces, healthcare, education systems and institutions. I am reminded of the profound efforts of my friends in Yangon, Myanmar, Dr Aung Min and art therapist San San Oo, who run Aung Mental Health Clinic, a community-based initiative dedicated to providing long-term community care for residents with psycho-social disabilities. They are passionate about deinstitutionalising mental health in Myanmar, working ceaselessly to support their clients and their families with holistic treatment while building meaningful lives within their communities. In Singapore, there has been some initiatives that focus on raising awareness for mental health and caregivers, spurred by the rise of youth suicide cases in Singapore and the destabilising effects of the COVID-19 pandemic. These initiatives include more wellness and special education training for educators, the establishment of community wellness circles and the SG Mental Well-Being Network, a national platform helmed by the government, alongside community efforts. However, an overhaul of our culture are required.

The experience of seeking treatment from psychiatrists can be upsetting because the dynamics between psychiatric professionals and patients are inherently imbalanced, with much power residing with psychiatrists to determine what needs fixing with little regard of the patient as an equal. Imagine the widespread availability of empathetic psychiatrists with highly developed listening and relational skills. Will it take mandatory advanced training in psychotherapy and intersectional justice for psychiatrists and other mental health professionals to understand and affirm the complexities of their patients’ experiences? What would it be like for psychiatrists to acknowledge and involve their patients as equal partners in shaping their journey of wellbeing? In the domestic realm, caregivers who have not

developed the skills to listen to their loved ones may also hinder their journey towards well-being. Lines of communication need to open up before any effective treatment can begin. As one participant shared, “When our loved one asks something of us, however demanding or seemingly illogical, we need to understand what is *truly* underlying their question?” The focus on worrying and fixing tends to close up communication channels that are vital for reconnection. While professionalisation and certification are only some of the ways to develop the necessary skills, I wonder about alternative spaces where learning how to listen better can happen.

Listening is also about returning to our bodies: to listen to the sensations and rhythms we feel, the emotions that arise. Disassociating can mean forgetting what it is like to inhabit a body. In our conversations, I noticed that many participants have embarked on a journey of reconnecting with their breath and bodies via holistic practices as a way to heal and repair connections that have been numbed from years of pain, trauma and repression. Several participants also lamented our education systems and culture that have stunted our ways of learning: neurodivergent ways of being and living are not accepted, resulting in the loss of our ability to recognise chronic pain when it arises in our bodies.

During my ongoing research, multiple pathways towards well-being emerged, all of which work and manifest differently at different times for different individuals. However, care for a person’s individuality and their unique personhood is typically deprioritised in mainstream responses in the face of behaviours that seem non-compliant, alternative, dangerous or deviant.

These pathways are often non-linear and often require the person in need of support to cut through a fog of public ignorance and navigate challenging systemic and infrastructural problems. These pathways involve the person with an entire cast of individuals from various public and privately-run agencies: healthcare and social workers, psychiatric assessment teams, caregivers, educators, employers and human resource departments and sometimes even legal teams and police officers. How can navigating social and healthcare systems be much more dignified, accessible and supportive towards its potential users who may be unfamiliar with these resources? How do we relieve people of the stresses and grief of mismatched services by educating the general public about seeking appropriate support channels? There needs to be better mental health literacy for society at large. Educational outreach can help to support a more robust and in-depth understanding of the public and private resources available for persons with mental illness. Improved mental health literacy would defuse crises because we would be better equipped with first-responder knowledge and practices that centres care, curiosity and acceptance of a person’s inner experience without dehumanising them.

## Loops of Violence

During my residency, I reflected on the many experiences and forms of violence and deprivation that young people endure and fight against. Sexual violence, often committed by people who are known to them, is painfully common. Domestic violence that breaks apart families. Lack of financial resources. Competitive elite school systems. The inadequate mental-health training and professions, and at times, the lack of empathy at education institutes and workplaces. Discrimination against race, religion and non-mainstream cultures such as LGBTQIA+ identities. These forms of violence and exclusion, when they

occur repeatedly over time, create looping patterns of low self-worth, withdrawal, repression, anger and potentially other forms of maladaptive behaviours, driving them further into isolation.

These forms of violence or exclusion are typically enacted at a systemic level. Public healthcare is commonly understaffed and overworked, which inevitably leads to compromises in service, attention and care. Some recurring pain points for people seeking help from mental health professionals include long waiting hours, ineffective treatment due to a mismatch with needs, and the lack of critical support during a crisis — professional responders in the mental health industry are known to refer callers to the police as a first line of response. The act of diagnosis can also be traumatic. A diagnosis is given to the patient by a medical professional who speaks from a position of power and certainty, often without listening to the patient's experience. This process can be destabilising, threatening one's concept of who they are. The process of seeking help and resources from others, institutions in particular, can result in violence against the individual when support is doled out through the lens of charity and control. In these ways, despite intentions to provide care, overt rigidity of systems and policies can hurt and disempower both the people in need and those who serve. One of the other sources of pain and violence that emerged from my conversations with young people is climate grief and eco-anxiety. For one participant, "Climate anxiety overshadows everything. We don't know how the future will be." The deep sense of bleakness about the dire state of our planet that these young people experience is often dismissed as a symptom of privilege, resulting in limited support for them. Yet, the larger forces of capitalism, consumerism and neo-colonialism continue to produce inequitable conditions in our everyday lives. Insights from neurodivergent and disabled persons could well be the first markers of an inhospitable world: gaps and unsustainable conditions that neurotypical people are able to turn a blind eye to temporarily, would be even more catastrophic for neurodivergent and disabled communities.

### Closing

The conversations I have had during my residency tell me that our everyday interactions matter. The way that we choose to express ourselves and care for others matters. The language we use matters. How we choose to influence culture through our actions and lack of actions can profoundly impact the mental well-being of another person. The communities of support that we build are essential — new forms of family beyond blood relations are possible and necessary.

My writing here reflects a work in progress, and much remains to be said. I hope to return to refine some of this writing after the gathering at Li Li's. Along with the set of photographs, I have included stories and perspectives from the people I spoke to. I hope their voices may offer much-needed insight, alternative pathways and, most importantly, hope.

### Acknowledgements

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Alvyna Han, Carol Ee, Clarence Chung, Frank M, Chan Li Shan, Jill, Kah Gay, Ryan Chua, Juliette and the community at Caregivers Alliance for your insights and support.

Li Li, thank you for this incredible opportunity to immerse myself in this project.

### Artist Biography

**Alecia Neo** is an artist and cultural worker. Her collaborative practice unfolds primarily through installations, lens-based media and participatory workshops that examine modes of radical hospitality and care. She is currently working on Care Index, an ongoing research focused on the indexing and transmission of embodied gestures and movements, which emerge from lived experiences of care labour. Care Index has been recently presented at The Esplanade: Theatres by the Bay, The Listening Biennial, Assembly for Permacircular Museums (ZKM Center for Art and Media Karlsruhe), New Season of Care (Asia-Art-Activism) and Presence of Mind (Gallery Lane Cove, NSW, Australia). She is the co-founder of art collective Brack and Ubah Rumah Residency on Nikoi Island, Bintan. Active since 2014, her ongoing collaborations with disabled artists currently manifests as an arts platform, Unseen Art Initiatives.

**PHOTOGRAPHS WITH NOTES**







**1b**

Bryan navigates the loops of care support systems with different goals, timelines, requirements and support parameters.





## #1 Bryan, 23

I was born with a retina disorder that affected my writing ability at 13. Today, I wear hearing aids on both sides of my ears. At 17, I learned I have a rare genetic disease, Alström Syndrome. That is why I need to take good care of my health and exercise regularly. Between ages 4 to 17, I experienced cycles of domestic violence and abuse, and I often felt powerless, stuck and did not know what to do. My mind would just go blank. To cope with my anger and frustration, I would beat and hurt myself by punching the wall; sometimes, I could not eat for three days and frequently could not sleep. I had frequent headaches, and my mother observed that I had high blood pressure. I would bite my pillow and hit it against the wall when I felt helpless. It seems so stupid now, but it helped me release the tension I felt.

Once I turned 18, I decided to take action. Police reports were made, and we filed a personal protection order for my mother and me. For the first time in my life, when I made the police report, I felt I could control things. My heart told me it was better to do the right thing now, than later when it's too late to change. By 2022 at the age of 22, I had grown strong with the support from numerous government agencies, including my Family Service Centre and Adult Protection Services. However, it was very overwhelming and exhausting as I had to navigate the support provided by six different organisations who all wanted to help but could only do so within particular parameters. Adding to my stress was having to physically move to a crisis shelter for four months, adapting to an entirely new environment with shared facilities, no privacy and having to go for access mobility training to familiarise myself with the neighbourhood. I had to do this all while studying a new course online.

My faith in God helped me. The officers and counsellors at the Family Service Centre, Adult Protection Service and Crisis Shelter were my pillars.

Being able to protect my family and myself was important to me. Even though I was barely an adult then, I had to represent my family when dealing with government agencies. I saw adapting to harsh environments as a form of training. For example, I had to be clear and calm in the state courts when responding. I motivated myself by telling myself, how will I be calm during a crisis if I cannot survive in this situation? I had never been in a courtroom before, so I had to be prepared. I needed to give Yes or No answers.

Depression doesn't just disappear. Life happens in a cycle. What motivates me is what I can *do* next. I want to thank myself for reaching out for professional help despite the challenges. I would say to other young people, don't run away from the problem. Even if you run away, the problem is still there. You can't go under or over the situation. You have to go *through* the situation. It is okay to be depressed, but you have to face it.



## #2 Lilo, 22

I am the secondary caregiver to my severely autistic brother and have been struggling with caregiver burnout. I received treatment for depressive symptoms and suicide ideation that co-occurred with my anxiety during my junior college years. Being a caregiver presented additional challenges to my recovery journey. Even within the community of mental health warriors, I felt I did not have the privilege to focus solely on my recovery and development, as I constantly thought about how my condition would affect my caregiver duties. I also felt a lot of guilt utilising my parents' resources for treatment, as I felt that they could have better used them on my brother.

The individual members of my support circle played different roles in my recovery during junior college. My father has been a pillar of emotional support for me. He would remind me that I had the inner strength to overcome this condition and that I was more than my anxiety. I would also encourage youths in an educational system to form a strong relationship with an educator or safe adult. This adult should be someone who cares for you and roots for you. When I experienced a panic attack during an examination, I was thankful for the support of my teacher, who underwent training in mental health and disability. She knew how to de-escalate tension and reduce sensory overload for me. My teachers provided me with academic support, specifically goal-setting, organising my timetable and workspace, and managing my expectations so I wouldn't be overwhelmed. My friends, who were compassionate, motivated, and patient, served as a distraction from the negative thoughts I was experiencing. I also consulted a private child psychologist for two months. I had a good rapport with her, but I was not responsive to the Cognitive Behavioural Therapy (CBT) approach, so I stopped treatment.

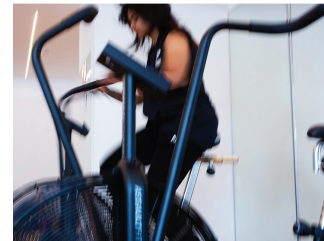
After my junior college years, being able to contribute back to the mental health sector helped me embrace my condition for what it was and channel it into a positive medium. Apart from being a peer support supporter at my university for a year, in the past few years, I have supported and advocated for youth in distress through the following platforms: Resilience Collective (Youth Peer, Community Leader), Beyond the Label (Youth Ambassador), Caregivers Alliance (Peer Leader) and Youth Listener(Global). My role involves facilitating support group sessions with young adults aged 18-35 with lived experience of mental health conditions, including depression.

Some areas I am passionate about include the misconceptions about mental health and getting people to step out of the narrative of a successful recovery. Recovery is not a linear process, and we need to speak more about recognising the beginning points of relapse and managing symptoms while integrating into social and work environments. We need more conversations about self-advocacy, but also accountability. Singapore is a very pro-family country, yet family therapy and psychology are not common. There needs to be more research and attention given to family dynamics.

## 2a

Lilo embraces and accepts her anxiety for what it is and exercises personal accountability in managing her symptoms instead of feeling shame and wanting to hide or suppress it.





3a

Q currently works part-time at a gym where she aspires to become a trauma-informed trainer.

She has found bench presses, where one pushes the weight upwards while lying down on a weight training bench, particularly empowering for women. She describes her past pre-workout routine as reading difficult text exchanges from her mother. She has since developed different sources of motivation for herself.





**3b**

Q shares her gestures which bring her comfort when she experiences difficult emotions.

**#3 Q, 19**

I'm 19 years old. It is pretty cool to say that because I never thought I would get this far in life.

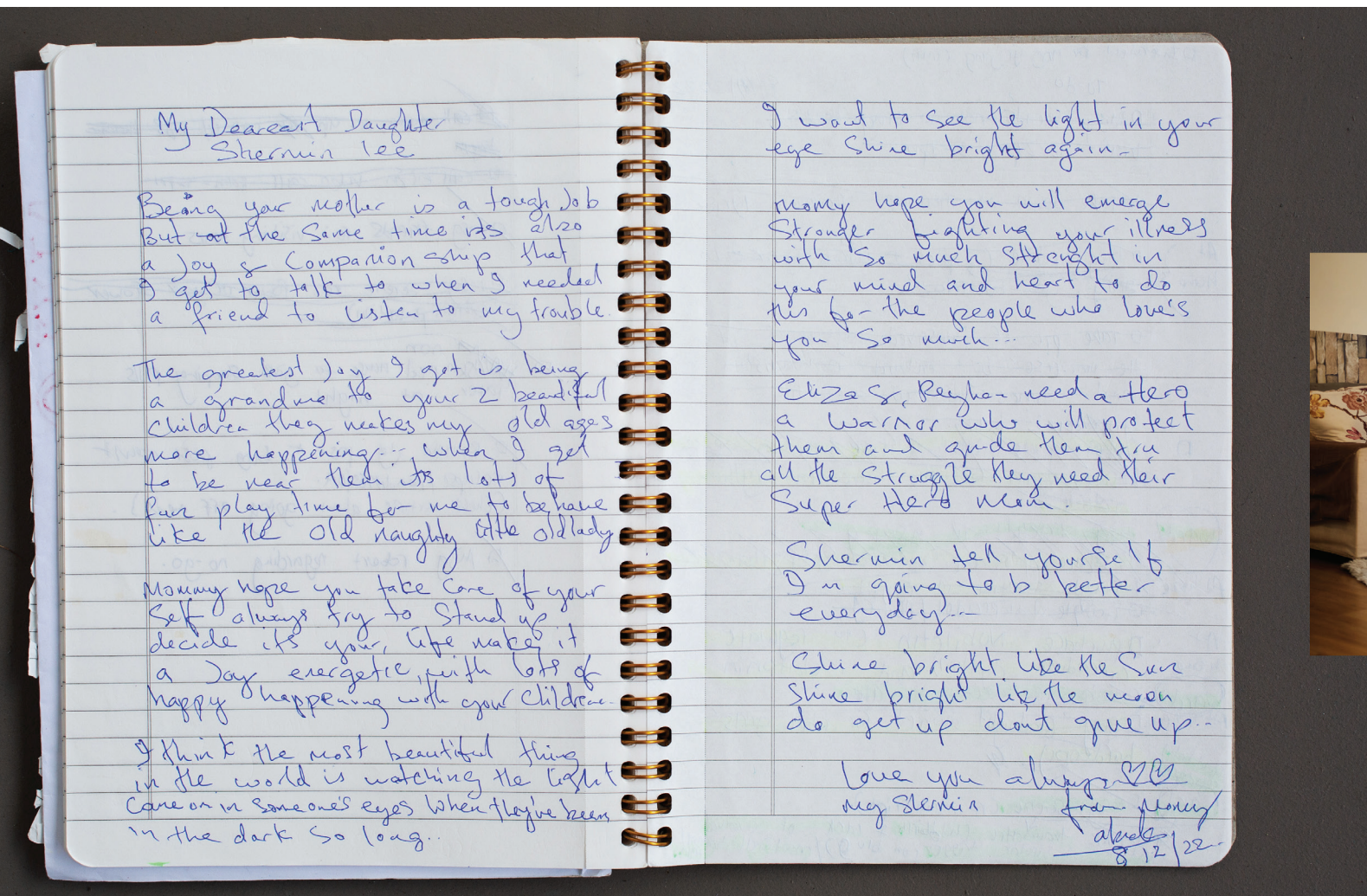
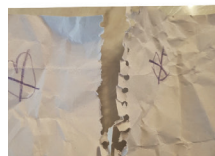
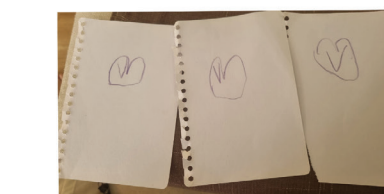
I grew up in a pretty emotionally unstable household, where shouting and throwing hits were very much the norm. Eventually, my parents got divorced and my mother got remarried. I then moved with her, aged 14, to Saudi Arabia. My mental health depleted during my 2.5-year stay in the Middle East, where I experienced domestic emotional and occasional physical abuse. Not only was I unable to travel and be independent since I was underage and a girl, but I was figuring out who I truly was. I realised I was queer, in a country that has Sharia laws and public executions for homosexuals. I was in a Muslim-practising household where I woke up every day thinking about how I was going to burn in hell. I always imagined what my childhood would look like if I were in a safe environment where I could grow and experiment past the social and religious norms. One of the biggest sins in Islam is being a non-believer. What if I woke up after I died and I was wrong? But what God would create me, a queer, and then punish me for loving another woman?

Eventually, I could not bear the pain. I poured my heart and soul into my coming out letter to my mother, who rejected me and my queerness. She told me I was mentally ill and a sinner. I fell into a deep dark hole and wanted to end my life. Today, back in Singapore, I am glad to say that I can envision my future self and the authentic life I hope to live. I work part-time to afford to pay for therapy, and I use strength training to heal and become a better version of myself. A version my past self, who was on her knees, screaming to be seen by her mother, would be proud of. I am now pursuing my Diploma in Social Work and hope to become a Trauma-informed Personal Trainer. Strength training has also been a pivotal change in my lifestyle. To see results, you have the solidify your habits and routine, your sleep schedule and have a more intentional relationship with food and how it serves me.

I believe therapy has been a life-changing experience for me. I am naturally a reflective individual, and with a professional therapist, we are able to work through the trauma and venture into other aspects of my life, such as romance or my doubts about Islam, something I can never talk about with my family.

I believe one's support system is the most important thing in healing. To be seen, heard, and validated are all crucial to overcoming adversities and continuing to transcend their past selves. I am grateful to have found friends who see me as I am. Being exposed to personal development on the internet has also helped me broaden my perspectives on life and contributed to greater mental wellbeing.









4b

Shermin balances her role as a mother, wife and daughter with her need for creative and spiritual pursuits and deep rest.





40

Shermin shares pages from her poetry book where she invites fellow in-patients at the Institut of Mental Health (IMH) to participate in poetry writing.

Close-up of an exhibit display at the Woodbridge Museum, featuring the Szondi test developed in 1930.

#### #4 Shermin Lee, 29

After struggling with undiagnosed postpartum depression following the birth of my first child in 2016, I was diagnosed with bipolar disorder in 2017. Even though my family did not understand what was going on at first, they have been largely supportive throughout my recovery journey, which has made all the difference between me healing, or staying captive in the hospital.

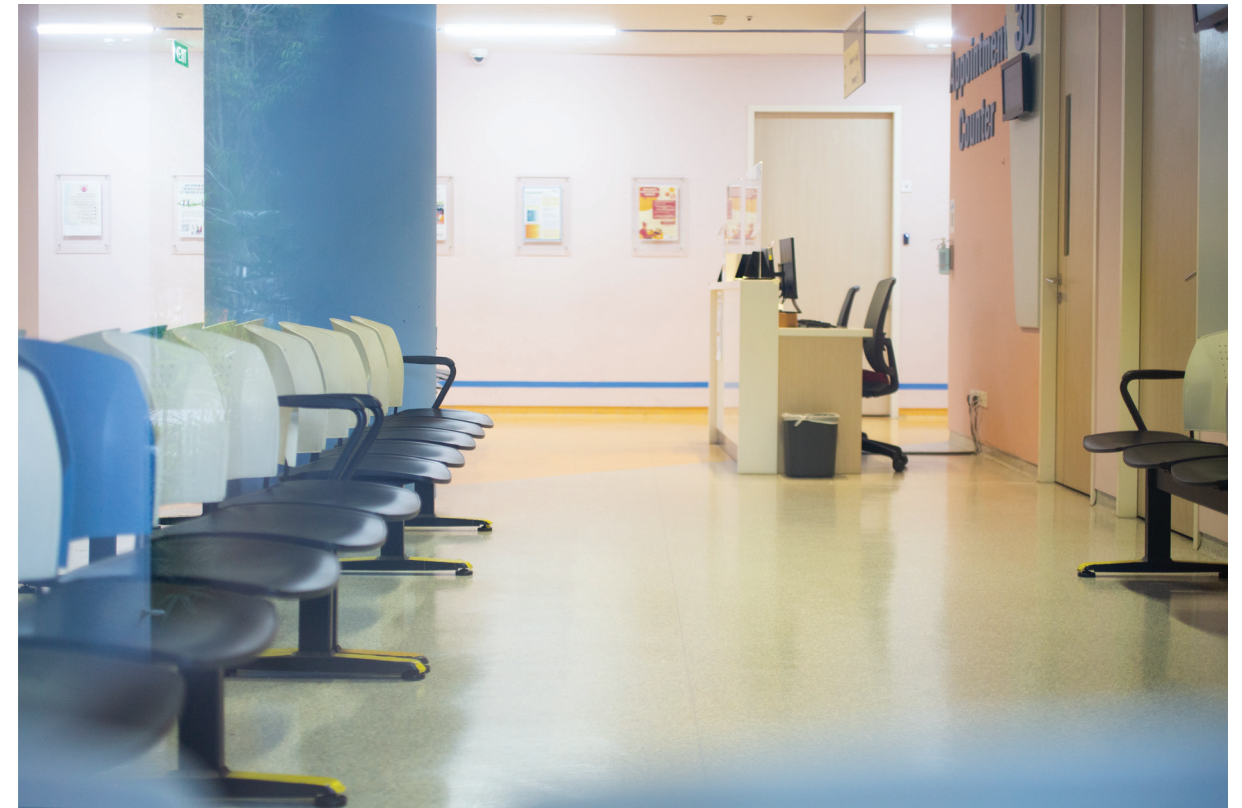
In my journey, psychiatrists constantly pushed their medication on me, instilling fear in me if I go off medication. I was told that I would 100% have a relapse if I chose to go off medication. However, the medication made me feel numb and caused involuntary eye-rolling that disrupted the quality of my life and rest, and made me lose my ability to connect with and feel love for my children. So, I took a risk and did away with medication, because the costs to my emotional wellbeing and physical health were too high. During this period, support from my family was particularly important. I needed to stop medicating to heal and get truly well, and they were my greatest supporters in the face of doctors' pressure and coercion.

For me, mental health is not just neural, it is deeply spiritual. During my manic phase, my child-like curiosity and alternative expressions were considered non-compliant or not 'normal'. My experience has brought me closer to understanding how human beings are a creative force, but our modern ways of living has beaten the flow out of us. Part of my journey of reconnecting with my body has been to accept the ebbs and flows I experience. Manic episodes can be reframed as a period of flow, where I accept and channel the creativity and energy through my creative passions, including music and writing poetry. I do consciously remind myself to sleep, but also accept that there will be days where I need more sleep, and days when I need less (these days, I have the same relationship with food as well, where I eat more or eat less, according to what my body tells me I need). Depressive episodes, on the other hand, can be understood as times for deep rest and self-care, where I can do nothing by way of productivity for days.

I wrote several books on my mental health journey, which I self-published online on Amazon, including *The Broken Mind: Challenging The Broken Brain Model*, and *So You've been Diagnosed: Life Sentence or Lifeline?* Diving into our collective dis-ease with mental health conditions, I have also begun exploring holistic healing methods, including nutrition, somatic movement and spending time in the sun.

As a mother, I am also more ready to delve deep into uncensored emotions such as grief, sadness and anger, and have honest conversations with my children. I want to encourage them to feel and to be comfortable with silence, as well as manage their big emotions. As parents, we don't have to force a response, or stifle their expression - rather, we should seek to hold space and comfort, and work to understand. Children need to feel loved, accepted and belonging, and not made to feel shame and censure for something as natural as feeling emotions. How we encourage or discourage them to deal with their emotions now is the model they will take with them into adulthood.

Today, I continue to pursue my art and music while sharing my experiences and knowledge about bipolar disorder with others. I am a mother of two and a mental health advocate, and see myself as a mother to my children, and a child to myself. I have come to realise we are all children, no matter how old we get, with wants, needs, desires and emotions we started developing as children. Once we learn to let go of our parents' voices in our heads and come into our own, we can graduate into self-parenthood. So buy that Teddy bear, go to that carnival, eat that ice cream - you do not need the approval or permission of your parents or anyone else anymore. Celebrate and enjoy you.



5a

Waiting areas at the Institute of Mental Health, Singapore.

## #5 A, 21

I am currently a year one university student studying life sciences. I have had suicidal ideation and have been experiencing depression and anxiety for three years. I have not been formally diagnosed with borderline personality disorder, but my psychiatrist suspects I do. I used to figure skate but lost interest.

Navigating the mental health care system was not easy. I used an online mental health chatline which linked me up with the Institute of Mental Health (IMH) where I was identified as having a high risk of suicide. One pain point was the long waiting hours once they registered you. My family and I waited for four hours. You can't leave, and the waiting room environment was not restful. The experience of staying in the general ward for a week, with no phone and no phone contact with anyone except for five minutes a day, was challenging. We had to queue up in a line to make a phone call. It was devastating if our loved ones failed to answer their call. There were not enough beds in IMH's Mood Disorder Unit, so those of us in the general ward could not access art therapy services. I did not find much support or interaction from my case manager and the mental health team that assessed me during my stay. Later, I was connected to a hospital psychiatrist and professional therapist, who prescribed me antidepressants and anxiolytics. It wasn't easy finding a good match for therapy at first. I found that therapy focusing on actions and moving forward was not working for me. I preferred to work on unpacking what happened to me. I later discovered that professional therapy helps me uncover specific negative thinking patterns and teaches me coping mechanisms instead of self-harm. I struggled with thinking that I was not good enough, and I still often find myself withdrawing to make space for others. It helps when people around me are patient and willing to walk this journey with me instead of trying to fix it.

When I think about depression, a blurry or double-vision image could portray dissociation. I also think of oobleck because when force is applied, it's solid in one minute, and the minute it's loosened, it's completely falling apart. It represents my tendency to apply pressure on myself till I break. I learned that in the past, I lived with a survival mindset and just went through life instead of living it. I thought life was all about striving.

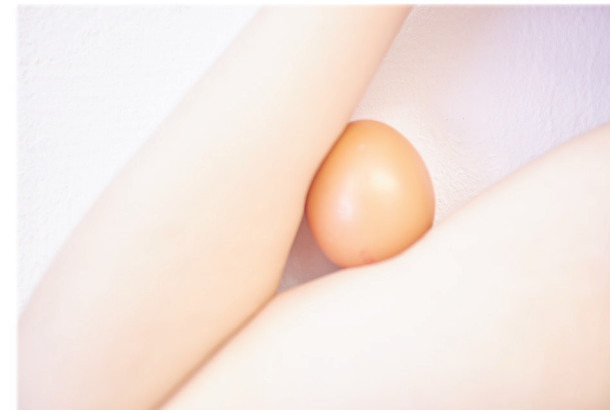
I want to tell other young people: Don't think everyone is out to get you.





6a

Educational institutions and workplace disclosure.



**7a**

SB says, “Eggs have hard shells, but we don’t know what’s in an egg. Somedays, I’m just water, uncooked. I don’t have it together, but sadly (and thankfully), I have a shell (put together by my defence and coping mechanisms) that still makes me likeable at work. You need to be gentle to an egg. I think the best approach to me isn’t the cold, hard policies and systems that are in place because they try to “protect” the safety of people with depression; it is the people who see me as equal, who give me gentle pats, and when I want to be a tough egg, I can emerge. This amount of gentleness and patience is required for a person to regain agency.”





## #7 SB, 24

I have been coping with depression after experiencing sexual assault when I was a kid. Counselling in school up to my university years didn't work for me because I felt that I had very little agency and say in my treatment or recovery as a kid. I found myself being talked down to, being treated like someone too young or not fit to make decisions for myself. I was left out of conversations while others decided what to do to me or how to deal with me. As a result, I felt powerless and isolated as a young person trying to navigate my depression and cope with sexual assault, which I didn't identify as assault at that point in time.

One of the turning points in my journey was my diagnosis of depression. I did a walk-in for counselling at my university, and I told them I self-harmed and had thoughts of ending my life. I sat on a campus security truck like a queen to A&E at NUH, except it was not royalty treatment because I was dragged somewhere in the middle of the day, wait for hours without any prior discussions with me while I had school assignments to complete. I had to pay \$120 for the ambulance, which was a lot for a poor university kid.

However, in retrospect, this was a blessing in disguise because I've seen friends who never got the help they needed because of the long waiting hours (needing to go to a polyclinic... get a referral and wait). It takes a lot of effort and exercise to be able to articulate your symptoms / what you were experiencing in a 15min psychiatric evaluation. The body and mind forget and is wired to invalidate pain, especially in a social environment where productivity trumps health and recovery. This is why when you finally get your psychiatric appointment 6 months after your suicidal/anxiety episode, chances are you can't recall in detail, or you no longer see the urgency to address what happened. My friend called me "silly" for telling the counsellor I wanted to die, and that I should not complain because I would then be actively giving them the green light to make decisions on my behalf.

For a long time, I no longer trusted professionals, and never mentioned that I have passive suicidal ideation when I was experiencing them frequently because the experience of having agency taken away from me reminded me of how helpless I was while I was going through sexual assault. However, if the counsellor could explain that their referral to A&E would mean that I would get treated without having to wait for 6 months, I don't see why I would have refused the trip to the A&E. Instead, the absence of that open conversation made it difficult for me to work with professionals because I had to remind myself that I was not in a judgement-free environment and that there were consequences to sharing, which defeats the purpose of counselling.

I have to say though - having a diagnosis meant that I don't have to doubt whether I have a mental health condition anymore. This means I could finally move on to asking more important questions about how I can manage my situation while being a functioning adult in this world.

As a freelance artist, I create work about mental health/sexual assault. I have heard people tell me they find the work that I do disturbing because I cannot be an advocate/artist when I am still struggling with a condition like that. I'm interested in protocols and systems that have made things difficult for people who are coping with depression. I've been exploring the type of support system required outside therapy

to ensure therapy is sustainable. 1 hour of mental health time every week is not going to save you. It also really helps when I receive understanding from the people who I work with. We talk about the contingency in case I am struggling with a depressive episode and cannot be functional - who can take over my role and how I can do more in return. Sustainable workplace structures involving team discussion and tailored to individual needs really work.

I find protocols that place safety before recovery kind of disturbing. After my attempt, I had to go to A&E because I needed medical attention to flush the meds out of my body. I was admitted even after explaining multiple times that my suicidal thoughts were no longer active. Again, the admission was isolating and triggering because it reminded me of the period of time I was grounded by my parents after sexual assault, but no one listened to me when I mentioned this trigger. Knowing that the admission caused me to be at the peak of anxiety, the Institute of Mental Health (IMH) further threatened not to discharge me from the ward if I refused to give my parents contact even though I am 24. While I am very sure that most protocols mean well, when poorly communicated, they could instill fear and further humiliate or stigmatize a person, which deters individuals from seeking help and coming back to heal and recover.

For a long time, seeking help and counselling was a punishment to me. Because as an assault survivor, I had to invest time, money and energy in recovery, but still experienced flashbacks and low self-worth for a decade while the perpetrator wanders off scot-free. But I was lucky to find a counsellor who understood that I was very scared of protocols and systems and took the time and effort to figure out a plan tailored for me beyond protocols or rules. For the first time, I wasn't a case to be worked on. I felt like we were working together, as equals. I was also able to be respected by her as a sex worker, which I believe is very rare. Meeting clients at night meant that I could find companionship, even when not all of it was desirable when I was going through a depressive/suicidal episode at night. I was paid for keeping myself safe, and I could also pay for good mental health support with that money. It just made complete sense. When other people questioned whether it was chronic poor decision-making after the assault, I was never shamed for it during counselling. She understood that sex work could be empowering for a survivor because I get to learn how to navigate challenging situations with men, which I was unable to do so when I was young.

I hope people will stop equating professional help to a magic pill. It took me more than a year to build rapport, and I only stuck with my counsellor for so long because I promised someone else to do so. I never thought of counselling as a commitment, but it really is like physiotherapy. You have to be motivated to apply what you have learnt outside sessions. There has to be continued support for the person outside therapy, it cannot end in sessions. Having a robust support system to turn to reduces the guilt of reaching out and caregiver burnout. Sometimes, we don't need fast and hard rules, all we need is gentle nudging and a lot of patience, because recovery is not linear.



**#8 CH, 40s**

I always knew that something did not feel good since I was a child. It was particularly bad when I was 15 years old and experienced significant behavioural change. My anxiety was severe, I couldn't eat in front of others. I would vomit, which was a paralysing feeling, just wanting to lie down and do nothing. I had low self-esteem, and due to my disability, I often felt that I could not play sports well, and I kept falling and couldn't keep up with others in different activities.

However, I could draw very well since I was a child. I doodled a lot and also read a lot of Japanese Manga. It was my way of coping and seeking attention from others with my talent. I also loved languages, and I picked up Japanese. My mother worked as a nurse at a mental hospital, so she was very knowledgeable, and it was easy for her to book an appointment for me with a psychiatrist. I still see the same psychiatrist today, and have medication for my anxiety. My family is very supportive, especially my father, who I speak to about all my problems, even today. When I feel low, I listen to rock and roll, Hip-hop, Eminem, and rap music, which use coarse language that has a very relaxing effect on me. I listen to music in my room, or I draw; sometimes, the period of low can last for a few days, and other times, I feel better immediately after sharing my feelings. There is no fixed pattern.

For me, the loops are not being able to let go of my worries around economic worries, money, desire for a romantic partner, and materialistic concerns like owning a house and car. These are the same worries I've had since my childhood. These remain a trigger for me. However, now that I'm an adult, I can work on self-acceptance. What has helped is observing the impermanence and imperfection of things and relationships. For example, I used to envy when I saw couples around me, but then I learned that some couples I knew divorced. I realised that people around me didn't have perfect lives.







AROUND-THE-TABLE

Exactly Foundation Residency  
No. 21

Alecia Neo –*Youth in Loop*

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No part of ANY text and material related to “*Youth in Loop*” can be used, copied, published or quoted without written permission from the author(s).



DINNER

29<sup>th</sup> April 2023, 4pm–10pm  
Exactly founder Li Li Chung’s home  
(East Coast Road, Singapore)

TEA

16<sup>th</sup> September 2023  
Exactly founder Li Li Chung’s home  
(East Coast Road, Singapore)

First 24-hr response, sharing with family & friends:  
April–September 2023

# RESPONSES

## Bryan

13 July 2023

For me, *Youth In Loop* refers to how each individual encounters challenges and respond to it when it happens in a cycle manner as it comes back over and over again. These test us as individuals to be a better version of ourselves or either to be defeated by the situation around it. We all have a choice to make: either to be stronger than what you are or to be defeated by the situation that what you are in. I believe from all the stories that I encountered from the participants, all of them are strong and courageous and with that, in order to be strong, I will like to encourage the teens out there to learn to take the first step to make a difference in your life and not run away from challenges.

A unique aspect of the 10-29 age range is that it is where the majority of growth and change takes place. I believe everyone goes through challenges in life such as:

- Friendship relationships
- Family relationships
- Love relationships

But whatever the situation is, do not give up life because you are created by God to be on Earth for a purpose of your generation.

I am glad that I am part of the *Youth in Loop* project because the cycle of the situation which have happened to me is just like the project I am currently doing in *Youth in Loop*. It made me learn as an individual and also wanted to thank Ms

Alecia Neo and the Exactly Foundation's Li Li who allow me to be part of the project to share my story to others to bring hope to the teens out there that will go through the same struggles that what I am going through today.

I believe there are many teens out there who if they encounter family problems will either not be sure what to do and also think that life will not have a purpose and also think that whatever he/she has gone through, they are alone. But from my experience, I felt the same way when I did not know how to deal with what I am going through. But what kept me going to be what I am today is that no matter how hard the situation that you are in or in whatever position you are in, there will be always be light at the end of the tunnel and it will make you learnt to be the better version of yourself for your own generation in the future.

Quote from Bryan: "No one can give up in you in life unless you give up yourself".

## RESPONSES COLLECTED BY BRYAN

### 1. Agnes, 28

15 Oct 2022

*What do you know about mental health?*

As a youth worker, I've seen a lot of young people coming into our service with mental health issues over the years. This brings back memories of how I first encountered mental health issues as a teenager. I was depressed at the time, having gone through a period of difficulty in my personal life and in school. As a teenager back then, when mental health was not widely discussed, I was unable to recognise and comprehend the gravity of the situation. The first symptom of uncontrollable tears to feelings of despair and hopelessness.

This drove me to manifest and behave in a disruptive way on the outside, but I was too reluctant to seek assistance, even from school counsellors, since I was terrified of being judged by my classmates. It is also regarded as an unseen stigma since no one dares to speak out about it. To be honest, mental health awareness was low more than a decade ago, and many regarded it as a type of taboo. What finally helped me is my faith, the support I had from my family and peers when they found out, and the support I gained via community in church.

*Is there something unique about mental health amongst teen/young adults (aged 10-29)?*

A unique aspect of the 10-29 age range is that it is where the majority of growth and change took place. It is the age at which children become teenagers and the age at which you transition from teenager to young adult. Personally, I believe that this is an age group when you decide out your life path as well as an age of shaping and development. For example, using Erik Erikson's Stages of Development social work model, this group of people is divided into two parts: the age

12-18 falls under the age where they find their identity, so it would be identity vs confusion; and the age 18-29 falls under the age where they look for love so it would be intimacy vs isolation. It is a distinctive group with two distinct growth trajectories. There's a shift that may impact one's mental health while failing to accomplish vice versa. According to recent data from Samaritans of Singapore (SOS), there is an alarming surge in suicide rates, particularly among young adults aged 20 to 29.

*What do you know about well-being approaches that have been taken?*

Things like well-being approaches are something that we promote as workers in the social sector. When it comes to mental wellbeing, well-being approaches such as self-care plans are vital. Creating essential programmes and support groups for the age range may also be beneficial since community is one of the most important aspects of recovery. Things like using what's popular to encourage mental health awareness and relaxing techniques among the youths are useful. For example, the organisation where I work, Bethesda Care Services, has this dance programme that was created by my boss (Kai), who is also a social worker and a professional dancer himself. At first glance, it appears that we are teaching dance to youths, but the movement and techniques that were taught are well thought out techniques to help youths calm down their emotions while also building their confidence and aiding in their mental health development.

*What can be done to help? How can some policies help?*

As a sociology major, I believe that policies that are in place (such as enabling students or employees to take time off or leave when they are mentally unwell) are vital. I think certain corporations in Singapore have been doing that, and I believe it should be pitched throughout the country so that everyone is being involved. In the

United States, for example, mental health time off is part of their policies; this may truly aid in minimising job burnout and improving the health of our students and employees. Another option is to increase the number of initiatives that provide subsidies for mental health care. Finally, I believe there should be a policy in place to assist children under the age of 18 who are in need of therapy but are afraid to tell their parents. I believe we can look into this more to give additional assistance.

*What needs to change?*

I believe that in order to shift an individual's thinking, it should be done throughout the entire nation. As a collective nation, the measures mentioned above may aid in the process of change. And because the outreach that works varies by age group, awareness campaigns may be more audience tailored.

**2. Anonymous**

21 June 2023

What I know about mental health comes from stories I've heard from friends, the internet and books. I must admit that I don't know a whole lot about it, but what I do know is how important it is for us to continue to have conversations about it and how we can create communities that support one another. I believe that the mental health stigma is still prominent in our society but I would acknowledge that progress has been made over the years. Nowadays, mental health is a topic often brought up in different settings – universities, workplaces, social circles, news articles etc. I believe that this has helped different people become more acquainted and familiar with what mental health is, as well as be more cognizant of our own mental health. Thanks to such literacy, I feel that more and more people in general are starting to view mental health as a legitimate health concern, one that requires a health professional to make a medical diagnosis.

The growing support of various institutions such as schools and government agencies, organisations such as non-profits and resources (videos, infographics, social media posts), are reflective of the increasing awareness and need for mental health support services. In fact, the university that I am currently studying offers mental wellbeing counselling services where students can book an appointment with a counsellor to talk about their mental health, as well as seek support. While I believe that such resources and services are extremely paramount and essential, I have also heard from people who complain about the long waiting time to get an appointment or the poor quality of counselling received. I believe that it is worthwhile to get students' feedback on the counselling services provided so that the school management can best cater to the needs of students. In my own personal experience, as well as conversations with close friends and family, I find that the cost of mental health treatment is one of the reasons why many choose not to seek help. I hope that there will be more affordable treatment options when it comes to mental health, especially for young adults who are struggling financially.

At the end of the day, I hope that we, as Singaporeans, can exhibit a greater level of empathy and understanding towards each other, and for greater openness towards talking about mental health. This, I believe, will allow us to reform and create policies that are people-centred, uplifting and medically sound.

**3. Glendon**

5 May 2023

Reading through the different stories of the personal experiences of youths with troubled mental health, I noted that having multiple communities was one common factor that was shared among youths who were overcoming/ have overcome their struggles. Examples include

Bryan (story #1) who had the support of the Family Service Centre, Adult Protection Service and Crisis Shelter as well as Lilo (story #2) who had the support of her father/parents, friends and teachers. Bryan alluded to this briefly in his story but he mentioned that organisations had specific parameters within which they had to operate in; therefore, there will inevitably be individuals who fall through such cracks. Multiple organisations targeting the same community (such as youths or broadly anyone facing mental health struggles) can and should have overlaps in "coverage" to reduce the risk of one not being able to receive any support at all.

Additionally, while Lilo had a teacher who was formally trained in situations involving mental health and disability, there was no mention that her parents and friends were of similar backgrounds. This contrasted the story of Bryan who had the support of structured organisations with trained individuals. This reminds me of a module on mental health I took in my undergraduate study, which explained that constantly exposing ourselves and our community to the topics of mental health can help create a safety net so that organisations and formal institutions will not be overloaded with individuals seeking help for mental health-related issues. There is a varying intensity when it comes to mental health, similar to physical health. An analogy would be for someone to self-prescribe over-the-counter medications; and if it worsens, one might visit a GP or a hospital for serious cases. Similar could be done when it comes to mental health issues, which is approaching closer communities first (friends, family, school counsellors) before escalating to more formal methods of help (such as Family Service Centre).

**4. Lim Yu Fei**

13 June 2023

My knowledge of mental health stems mostly from social media and talking to friends about it so I

am not familiar with the professional terms and therapies used in the diagnosis and treatment of mental health. However, I know and believe in the importance of taking care of my mental health and understand simple day-to-day strategies that I can employ to improve my mental health, such as going on walks, listening to music and having self-care sessions doing the things that you like. I think this focus on self-care has been echoed by many of my same-aged peers ( I'm 23), and that this generation of teens and young adults have been quite attentive to their mental health and taking it quite seriously. We are more open to seek professional help once we feel that there is something wrong with our mental health, and are also able to pinpoint the symptoms and know that these are signs of deteriorating mental health.

When I read the stories, I am heartened by how the individuals chose to take action and seek help despite the difficult life situations they are in. The sense of grit and determination to overcome their struggles are especially inspiring and unique for this generation of young adults as opposed to the older generations.

Admittedly, I do not know much about the well-being approaches taken in some of these stories, like Cognitive Behavioural Therapy, but I think what helped the young adults in these stories to understand their mental health issues was to be able to have the relevant vocabulary to process and understand what they were feeling during the moments of distress. Hence, therapy is so important as a well-being approach is because it allows us to understand and be aware of what exactly we are going through or feeling.

Across the stories, many cited the long waiting hours at mental health hospitals needed to receive professional treatment as counteractive to the conditions faced by the patients there. Additionally, the psychiatrists appear to focus more on dispensing medications rather than exploring other alternatives to treatment. These



are important points raised by the stories and the healthcare system should look towards addressing these concerns. More importantly, I think there needs to be a stronger network between the psychiatrists and therapists to provide the best personalised treatment to the individuals.

**5. Rachel**

2 May 2023

I know about mental health through going through mental health struggles myself when I was younger. During which I also went to the school counsellor in secondary school and University. I have a few friends that have been formally diagnosed with mental health conditions and are undergoing treatment such as pills, etc and friends that have not been formally diagnosed that shared with me how they felt. Other than that I took a minor in youth work and guidance where I learned about psychopathy of youth from a university course.

What I know about mental health is that when someone is mentally unhealthy, it is something that it is difficult for someone to recover immediately by a change of mindset. Triggers can happen anytime and it can directly affects brain structure. There are many different kind of mental health difficulties that different people face. Some mental health conditions would always stay with the person throughout their lives.

I think that for people who are a young age, everything can seem like a bigger problem. Especially in a place in Singapore where most teens only know family and school; if they are not able to feel seen in these spaces and feel like they are not accepted, these feelings can compound and cause teens to feel that there is no safe space and no reason to live. In a place like Singapore and with a young age it can be

difficult to find any reason to continue to live if they do not find value in their relationships and these alongside with their mental health struggles can push teens towards suicide.

Currently I know that many schools have counselling services. Personally I do not feel that it is useful if the participant does not come voluntarily and resonate with the story that is written. There are third party services and coping programmes. An example would be programmes done by impart which target youth at risks. Youth Corp Singapore conducts programmes like art therapy, etc too.

I feel that more could be done to allow teens to feel that people around them believe in them and they are not a burden. There is a place for discipline but that should not come in opposition with unconditional acceptance and love from society/love ones.

**RESPONSES**

**Shaun Ee**

**FIRST RESPONSE**

15 May 2023

Thank you Alecia, for doing this project. I was moved by selfless participants who came forward bravely and openly with their stories and struggles against extraordinary circumstances. The sharing allowed me to reflect on my own environment, family upbringing and circumstances. It also made me realise the importance of community support, sharing and listening to others, which can be a cathartic experience in itself.

**RESPONSES COLLECTED BY SHAUN**

**1. Anonymous**

12 May 2023

This is so important. I think and hope this work will change the world. I really love the arrangement of photos and more so how quiet but peacefully quiet. I am excited to see the final presentation of this project. Thank you for making this; thank you for allowing us to connect to precious stories.

**2. Sofia**

15 May 2023

I really felt moved by these series of photos as someone who struggles with anxiety and depression myself; it speaks a lot. It conveys the

stories in such a special and unique manner; and I loved seeing all the diversity amongst the photos. I love how the emphasis is a lot on movement, so you can really see and make your own connection to the person!

So many people focus on coping with mental health disorders, but these people who vulnerably shared their stories, it's very precious and makes me feel that I'm not alone. I think it will really spark imagination in so many people! Good job to Alecia and team; beautiful series of work!

**FINAL RESPONSE**

16 September 2023

Mental health can be a difficult topic to discuss. A palpable fear and taboo continue to surround the topics of depression, suicide and anxiety. I feel many people speak of it in hushed tones. School leaders and teachers fear the triggering effects of these topics, along with the perception of failure and loss, which I believe fuels this reluctance. Is acknowledgement of these issues an admittance of failure and problems of our institutions, leaders and society?

Sharing these stories by Alecia with my students took a lot of time, care and unpacking, made me realise also the complexity of the nature and context of some of these stories, that unfortunately many people have little time for.

How can we prioritise and make time for those who struggle among us? How can we accord time and space for meditation, introspection, reflection? Can our institutions, schools, offices devote equal spaces for honest sharing, care, support and well-being?

I would like to propose the creation of empathy spaces in our community for these purposes.

RESPONSES

R H

RESPONSES COLLECTED BY R H

1. M Yeo

What do you know about mental health?  
Not much

Is there something unique about mental health amongst teen/young adults (aged 10-29)?  
Problem more predominant among younger generation

What do you know about well-being approaches that have been taken?  
Medication, exercise – yoga, and music have of late been part of “healing “/management of mental state.

What can be done to help? How can some policies help?  
Policies – build a sanctuary/artistic environment e.g. music, nature; have community support; currently SG does not have the bandwidth of space.

What needs to change?  
Education programs, great awareness ambassadors.

Anything else to add?  
Nothing.

2. Helen Soh

What do you know about mental health?  
Superficial, inconsistent behavior (definition). Normal persons suffering wanted to keep it private and in denial.

Is there something unique about mental health amongst teen/young adults (aged 10-29)?  
Focused on social media, cut off, no personal interconnections and so we can't see the symptoms. They are largely loners.  
What do you know about well-being approaches that have been taken?  
Medication and medical science new inventions.

What can be done to help? How can some policies help?  
Counsellors are not paid well to get patient, qualified, enthusiastic and genuine ones to serve. Awareness needs to art from early school level. Skills future credit can be geared towards mental health education.

What needs to change?  
People’s mindset.

Anything else to add?  
Currently, little steps have been taken to address the problem. Dealing of stress is a predominant factor. Holistic approaches such as gut health, diet, etc need to be addressed.

3. Rosie Sim

What do you know about mental health?  
Many different type.

Is there something unique about mental health amongst teen/young adults (aged 10-29)?  
Most parents/people around them too engrossed with their own life to notice it

What do you know about well-being approaches that have been taken?  
Groups being set up as support group. Something lacking is the enthusiasm, empathy, compassion – quite superficial

What can be done to help? How can some policies help?  
Better trained professionals who are genuine in nature, not as a job.

What needs to change?  
People's attitude for acceptance.

Anything else to add?  
None.

4. Sandra Baxter

What do you know about mental health?  
A dark cloud that hangs over you – inability to cope.

Is there something unique about mental health amongst teen/young adults (aged 10-29)?  
Exposure to the internet.  
Trained to achieve parents’ expectations that cannot be met.  
A cultural expectation.  
Children are not allowed to be who they’re meant to be. Culture shapes them; so does expectation.

What do you know about well-being approaches that have been taken?  
Admission and allowing space for kids to express themselves.  
See a counsellor.  
Meditation

What can be done to help? How can some policies help?  
Meditation. Medication for a short period.  
Address achievement levels and allow those less academically inclined to fulfill their potential.  
What needs to change?  
Ditto, same as above

Anything else to add?  
There needs to be less pressure on kids.

5. Nurhuda Bte Adnan

What do you know about mental health?  
Feel helpless. Refuse to communicate.  
Avoid people.

Is there something unique about mental health amongst teen/young adults (aged 10-29)?  
No idea.

What do you know about well-being approaches that have been taken?  
No idea.

What can be done to help? How can some policies help?  
More leisure time. Address stress in school and work. Creating opportunities to speak to a boss or teacher who listens and understands.

What needs to change?  
Superiors need to be approachable and trained to be approachable.

Anything else to add?  
All teachers need to be trained to be counsellors

6. Colleen Chung

What do you know about mental health?  
When in good mental health – happy, positive, optimistic and hopeful that life would be “good”. A lack of it would contribute to a mental health challenge.

Is there something unique about mental health amongst teen/young adults (aged 10-29)?  
State of learning, for 10-29 to experiencesand go along with social experiments without realizing the danger and so when they are unable to cope,

they are vulnerable and willing to experiment and participate in even more “harmful things than they anticipate.

*What do you know about well-being approaches that have been taken?*

Using psychology from youth to make more progressive towards good mental health.

*What can be done to help? How can some policies help?*

Open clinic for 30-45 minutes for a therapeutic session, for free (and offer coffee/tea).

*What needs to change?*

Newly trained counsellors who have a genuine approach under the supervision of a certified, multi-dimensional skilled professional

*Anything else to add?*

Essential integral family therapy session organized in a conducive environment like Botanic Gardens. Schools to promote kindness within the family.

**7. Roberta Tessensohn**

*What do you know about mental health?*

Good mental health does not help us even imagine the plight of those with poor mental health.

*Is there something unique about mental health amongst teen/young adults (aged 10-29)?*

I saw but did not recognise the symptoms of a coke (cocaine) user.

*What do you know about well-being approaches that have been taken?*

When it is a consuming lifestyle, nothing can change it.

*What can be done to help? How can some policies help?*

Offer laughter therapy.

*What needs to change?*  
Have Jordan Peterson (Canadian psychologist) train our professionals.

*Anything else to add?*  
No.

**8. Tariq Haque**

*What do you know about mental health?*

Unfortunately, mental health issues are a problem when using clinical based medication that may affect the biochemistry of the patient. In contrast to chemical based medication, natural medical which is in balance with the biochemistry of the body, serves the patient better.

*Is there something unique about mental health amongst teen/young adults (aged 10-29)?*

They are experimental at that age and are in danger of bad and dangerous influences.

*What do you know about well-being approaches that have been taken?*

Psychiatry, counselling, diet, balanced vegan, natural medicine.

*What can be done to help? How can some policies help?*

Parents and teachers should be educated in mental health.

Some recommendations:

- Auditory stimulation therapy to influence positive thought process to drown negative thoughts.
- Essential regular exercises.
- A balanced vegetarian, nutritional diet.
- Testing for food allergies.
- Gut microbiome testing. To receive personalized dietary and lifestyle recommendation. To achieve physical and mental health goals.

*What needs to change?*  
The possibility of including items in question above on help needed, at reasonable cost or free.

*Anything else to add?*

Integration and recovery are a journey that require training for the caregivers and loved ones.

**RESPONSES**

**KG**

**FIRST RESPONSE**

30 April 2023

My experience and knowledge of mental health is explicitly informed by my work as a teacher (2004-2013) and as a publisher (2014-present).

As a teacher, I saw how academic pressure led to diminished self-worth, heightened aggression – bullying behaviour and suicide ideation.

I would like to recall two episodes:

1. My school was home to an Integrated Programme that recruited overseas scholars from China, India and Vietnam, who came in at the age of 15. The Chinese scholars struggled especially, due to their lack of proficiency in English. The language bridging programmes were insufficient. For these students who were used to good grades, their sudden academic decline came as a devastating shock, and one female student was trapped in a downward spiral. Being her form teacher, I took to arranging post-lesson chats with her, to both coach her in English and to listen to her ongoing anxieties. Once, she brought a bottle of liquor, telling me she had taken to drink. I “confiscated” her drink, joking that she is contributing to my stash. I don’t remember if I eventually drank from her bottle. Another occasion, she showed me a pencilled sketch of her falling with her head turned up to



the sky, from a building. Though unfamiliar with counselling protocol, I shared my own experiences with feeling poorly, with the hope of showing her that such states come and go. The last I heard from her was 2019, when she sent me a Chinese New Year greeting.

2. The second episode involved a student when I was monitoring for bullying behaviours. Once, when I gave her a poor grade for her essay, she staying behind after the class was dismissed. I could feel her rage emanating from her when she was standing three meters away – she never walked closer than that – when she then demanded to know why she wasn’t given a better grade. I explained and did not change my decision, but it was evident that the student was psychologically unstable – her anger, I could feel, destabilised me, and I fortunately could share this encounter with my programme leader.

The first meeting yesterday and this reflection connected with these experiences and memories. This reflection exercise also made me realise that I have also a repository of personal encounters with mental health and conditions within family circles, that have receded into the background. The intimate sharing yesterday, from the perspective of care recipients and caregivers, have had the effect of surfacing personal family accounts of mental health and conditions, which I can elaborate in my second response/impression.

**FINAL RESPONSE**

11 July 2023

I have been reflecting on my awareness of mental health over the past weeks – while it is ever-present – it does not surface to my consciousness, such that life and its daily sometimes continues without friction. Empathy brings forth the awareness, transferring it into consciousness.

In this way, instances and persons with mental conditions remain dormant in our collective consciousness; perhaps awareness can develop empathy so that moments of solidarity and community can happen.

**RESPONSES COLLECTED BY KG**

**1. SY**

8 July 2023

Mental health is a major thing nowadays especially after the pandemic.

I work in a school and there is a huge concern over the mental well-being of students.

Much as I like my students to be resilient and be able to “bite the bullet”, I feel that we (as teachers) also have to flexible and understanding about the students’ circumstances.

So in terms of homework submission or project deadlines, there is a lot of flexibility given.

I feel that teenagers can get stressed over family matters, academic matters and I think it is important for them to be able to talk/rant about it. It is also important to have family support.

**2. Mi**

8 July 2023

*Is there anything unique about mental health amongst young adults aged 10-29?*

No. There’s a difference in mentality/mindset between different generations that may affect their mental fragility (?), but I don’t think there’s anything unique/different about the mental health in youths.

Schools should definitely provide more support for student. Not just counselling or the occasional talk

on mental health by professional counsellors/ volunteers but more subtle methods of trying to get student to open up to a trusted adult who is capable of handling the student. Maybe it would help if the student doesn’t have to go through so many people just to get help (e.g. from teachers, counsellor, HOD, etc). It might help the student feel safer. Important that the family knows, but it should be done in a way that the family fully understands what exactly their child is going through/might face.

# RESPONSES

## Ethan Leong

30 April 2023

### RESPONSE

#### Reliance of the System

I note in Alecia's and the Li Li/Wort's essays that there is a significant lack of resources, competency and empathy in Singapore' mental healthcare system. The first part and response that I'd like to make suggest that this stems from the presupposition that reliance on state/ establishment avenues of mental health treatment are fruitless, and that the energy spent on the disappointment of long waiting times, inadequate healthcare support etc is better spent on patient treating themselves for their mental health.

#### "Alternative" Treatments

Before I elaborate on the ways with which an individual with mental illness can treat him/her/ themselves, I believe self-treatment restores the dignity and agency of the patient. The latter has been a recurring issue that was raised during this first gathering.

#### Stigma

This is an extensive issue and one that requires far more literature and discussion than my own contribution. I can understand the rationale behind moments like #MeToo, and how that is a powerful avenue in reclaiming one's identity as well and normalising the case of mental illness. This is predicated on the belief in mankind's capacity to be accepting of those who are different

from them. Yet, history has shown time and again that this is not the case. While I admire and applaud people's courage to declare that they have mental illness, I think it is also important for this to be tempered with reality, and in a measured manner. For example, one must be prepared for more rejections.

### FINAL RESPONSE

In identifying my respondents, I was cognisant of a notable skew toward the female gender. I am aware that within my circle of friends, I found it easier to approach females regarding the subject of mental health. Conversely, I learnt that there were four times as many male inpatients as female inpatients during my visit to the Institute of Mental Health (IMH) in August.

I attended a volunteer orientation program run by the IMH, so that I can observe in person some of the comments made about establishment efforts in mental health. While I have not been involved enough to fully understand the frustrations of patients, I think that Singapore has much room for improvement in psychotherapy. There is a dearth of new practices for patients, like animal-assisted intervention for example.

My involvement in Youth in Loop reinforces my belief in Alecia's work, but as with all forms of art, I recommend having stronger calls to action between arts consumption by the public, and the subjects of art benefitting from the platform (exhibitions, talks, etc.) provided to the artist.

### RESPONSES COLLECTED BY ETHAN

#### 1. Esther Vincent

29 May 2023

I like the focus on listening and how listening is "about returning to our bodies" – listening as the fundamental act of cure for self and others.

I have questions about the implication of neuro divergent thinking and individuals.

#### #2 Lilo

I was drawn to this photo as the subject looks peaceful to be crying/floating in the water. Her stand, which is one of surrender and trust that she will be supported, speaks to me.

#### #4 Shermin's series

I like that in Shermin's photo series, the subjects' faces are all visible. There is no fear, that mental taboo or something to be ashamed of.

#### #5 Shermin (in a cup at playground)

I was drawn to the childlike quality of this photo, with Shermin just laying back into the cup and allowing it to support her. She is barefoot and not resisting, her mouth opened slightly and relaxed.

#### #7 SB1 and SB2 (eggs)

I found these photos quite sexual and was drawn to them as the eggs were a strange yet intriguing object. Apart from the sexual reference, I also feel that the egg symbolises new beginnings for people with mental health issues – every day is a new day and there is new hope to hatch.

#### 2. Yen Lin

31 May 2023

#### Observations in response to essays

It is good that the research questioned the definition of recovery and how recovery is often portrayed over-simplistically. For a lot of sufferers of depression, recovery is simply coping, and being able to keep "summer" (the good days) as long as possible, but as in seasonal cycles, "winter" will always follow after summer, and a relapse (or feeling less than normal) is imminent. Recovery is hence of accepting one condition and living with it as best as one could.

It is good the research highlighted the importance of listening – in terms of the depressive individual listening to oneself. So often, these people are told to escape their negative thoughts or disregard them, but depression is a form of mental/ emotional pain that signals that one has been neglecting a certain need for way too long.

I'm not sure about the term "loops of violence". Maybe Alecia means these acts of violence are interlinked, but I can't see the part where it loops back to the patient/or the patient having a part in continuing or perpetuating it. I'm also unsure if all depression stems from violence. At times, there could be biological factors that may predispose an individual greater to depression.

The point raised about young people sufferance from climate grief surprised me. It would seem more probable for one to be depressed by tangible, immediate factors within one's circle of influence and life conditions. The climate crisis seems rather "distant" in a sense. And the climate crisis is owned by humanity, so we all in a way have a shared responsibility. Hence, it surprises me that individuals will take so much personal ownership and accountability over it.

#### Response to Images

#4B Shermin1 [image of an exhibit display at Woodbridge Museum (Szondi test)]

The image was intriguing to me because I have not heard or known about Szondi test. But I really like the inclusion of an artefact related to mental health history because it represents mental health being perceived as a "pathology" and how it has been conceived/approached scientifically and socially. It also reveals how knowledge structures and institution can be coercive in perpetuating discrimination, based on physiognomy and profiling. Reminds me of Foucault and his studies on discipline and punishment within medical institutions. It also reminds me how far society

has progress, or perhaps not, in terms of removing stigma toward mental health issues.

*#5A IMH (table and chairs)*

I like the emptiness of these spaces and how imposing the space is. It is as though silence is deafening, and one could feel the sense of isolation of sufferers, having no one to talk to, to reach out to, or to seek help from. It also conveys the coercive tone of medical institutions in labelling depression sufferers as “patients”. This changes their identities irrevocably. The images remind me so starkly of Lucinda Perlin’s images of execution cells in prisons. They are charged with an unspoken power.

*#7B SB1 (SB used to collect all her medication packaging in bottles)*

This image is very striking in terms of its composition. It lays bare starkly how a depression sufferer will undergo drastic lifestyle, biological and identity changes from consuming medication which is designed to help them.

Depression medication to me are the scariest type of drugs. The side effects -- getting to them, getting off them -- can be extremely disconcerting; and sometimes, getting stoned on medication itself is a huge mental hurdle because this means you are officially a “patient.”

I think most people don’t realise (and it may take more than 1 try, 2 tries or 3 tries before a correct drug combination is found) how much pain there is in those pills, and that makes living with depression all the more lonely. Even doctors themselves sometimes have no idea. Hence, an arm reaching out, balancing the blister packs feels like such a poignant symbol of this empty, lonely dance with medication.

*#8 Climate Grief and Eco-Anxiety*

What struck me about CH’s account is her mother was a nurse at a mental hospital. I think that is a great silver lining and one major hurdle down – having a parent who knows exactly what help to

provide, and being more open and understanding. I also read that his/her depression started at 15. I think that is an age that most mental illnesses start to manifest. It also means he/she has been living with the condition for decades and has developed a coping mechanism for it. To me, this is a wonderful victory and I applaud that; the journey must have been so challenging, but he/she has overcome the odds to come to today. This is a story of survival.

Image-wise, I think this image is very impressionable because it is the only still-life image in the lot and is photographed in a more abstract fashion. I like the unknowability of the dark mound of sand – a mountain of secrets cast in shadow – as if it is a mountain to scale. I also like its juxtaposition against the other more “documentary” images. I feel it really adds a different texture to the narrative and storytelling.

**3. Adriana**

12 June 2023

*#1B Bryan*

These images are striking in the use of light and shadow and the bright, almost violent, shade of red. The childhood game of jumping rope made it whimsical in an ironic way, like an allegory of jumping through hoops. Reading the essay, I was saddened by the number of actual bureaucratic hoops Bryan has needed to navigate in his life.

*#2 Lilo*

The rippled water and use of shadow and light make it appear that she is floating not only in space but through time. I remember as a teenager, much around the same age as mentioned in their essay, that I took to swimming as a form of drowning out the outside world and quieting my inner thoughts. Lilo is inspiring not only in the work they do, but in the person they are.

*#7 SB*

The grace of the arm, the elegance of the carefully arranged medication packaging and the clean lines are striking because it seemingly brings order to the chaos within. Like counting to five as you inhale and counting back down as you exhale, the methodical arrangement of controlling something that is the physical manifestation of inner illness is poignant and meditative.

**4. Bernice Ong**

30 June 2023

*#2B Lilo*

When I encountered this photograph, I’m reminded of what depressive emotions feel like. The of unstable ground – in this case, water – where one simply exists in a kind of directionless vacuum, neither above or beneath, or maybe with your senses pulled in all direction. Yet, you’re also not dying. Not yet. You hold onto a position where you can EXIST; struggle a little and you risk disappearing, beneath, sometimes oh so quietly. Will anyone see me/see you?

*#4A Shermin 1, #4A Shermin 2*

Response to image of 2-page letter from Shermin’s mom to Shermin.

I am struck by the line “I think the most beautiful thing in the world is watching the light come on in someone’s eyes when they’ve been in the dark so long.” I think this really captures the gentle, quiet joy of accompanying a loved one on a long journey and seeing the world change for the better, through their eyes. A listening ear. No judgement. Just support and a steadfast presence. Most of all, love and patience.

**5. Chistabel**

11 July 2023

*#2 Lilo*

I like the “tranquillness” of the pictures. I guess it reminds or is similar to compositions of people

relaxing in the sun against a picturesque sunset while on holiday, albeit substituting saltwater for a chlorinated pool. But the intention remains the same -- floating, weightlessness, drifting ... terms that can be used to describe the negative traits of a person, but takes on a remarkably different view when applied to the sense of peace found through the act of self-care.

*#5 IMH*

At first glance (without reading the captions), the space looked like a regular community center. I have not visited nor been to iMH before; the setting feels quite bare-boned/sparse as opposed to my expectations (think cosy chair, soothing colors, etc.). If patients are affected by the environment (i.e. environment plays a role in determining respect), what does this cold clinical look do for those are seeking warmth and comfort?

*#7 SB*

The duality of eggs (rather egg shells) have always intrigued me. School experiments back in the day taught us that egg shells are hard/ durable, to protect the developing chick within. Heavy, encyclopaedic tomes of up to 10 books could easily balance on four half-shells without collapsing. But drop an egg from a low height and it shatters. I think that somehow applies to humans – capable of enduring high stress to limits beyond what we think, but can be brought low by seemingly something insignificant, or something that we feel does not warrant the attention.

# RESPONSES

John Ng

9 November 2023

## RESPONSE

*What do I know about mental health?*

Too much, and also too little; it seems. There is a big difference between being able to access the information on the internet and being able to discern which parts might be related to you. There is also always something to be anxious about, the more you look.

Ultimately, we're all trying to sense-make (different from making sense!) of our experience, and the conscious mind is but a small part of that. "Be kind, for everyone you meet is fighting a hard battle," is true, but so is "compassion without boundaries is self-harm". There is no one axiom that is applicable to every situation (except for this one, lol).

For me, the concept of "mental health" has mostly been theoretical. I can't remember if there was a point of time where I started to feel "different" or wrong, but I'm only just now finding out that this is a common experience for the chronically ill/ neuro-divergent communities. Sometimes, I feel like in a truly civilised world, children would be taught to prioritise their own body awareness/self-care, restorative, breathwork, and much more.

Personally, I'm not even sure now if my entire life has been shrouded in depression because the loop/cycle of avoidance and isolation has, perhaps,

been my life as far back as I can remember due to the co-morbidities of severe ADHD and sleep apnea (among others) leading me to feel chronic pain/chronically fatigued/anhedonia for most of my life.

Multiple therapists have commented that I still tend to be over-cognitive about my feelings, but I feel it is because they really were physiological root causes that were affecting me, which led me to losing years to treatment-resistant depression. Just medication isn't nearly enough, (a real structural problem in SG: just throwing pills) but wrong medication can be even more damaging & disempowering.

Singapore really needs to examine their own systemic complicity, from birth to death, the narratives that we all are subject to. Understanding that mental illness/chronic illness can strike anyone of us at any time would go a long way towards a more compassionate and healthy nation.

*Is there something unique about mental health, age 10-29?*

The internet is a source of infinite novelty/rabbit hole/infinity-hole?/perspective broadener?/but also alienation?

Not sure how to articulate this but it seems to me that my older relatives seem to have been more able to focus on the "necessities of life" a lot better, possibly because they're not as weighed down by the debilitation effects of neurodiversity trauma. I can only hypothesise, since I am only party to the internal landscape of my own head and not anyone else's.

I now think that it's pretty funny how, as I ask around now ... that I hear stories of how Singapore sends its (ostensibly) "best and brightest" to other countries, like Finland, and then buries them in bureaucracy when they come back to try to affect

changes with new ideas. Or have people with PhDs/Masters' in Disability Studies but doesn't empower them to make systemic changes. This pattern has been observed in multiple instances, in multiple institutions, by multiple people. Whether it's "high profile" like Yale-NUS or something else like holistic special needs education, the end result (and some degree of brain drain, I'm sure) is that learned helplessness is the result.

Everything is unique!! Context sensitive, the question is how to adapt it to our local context, and to do that we have to understand our history.

**15 May 2023**

There are so many ways that our "mental health" is affected by external stimuli, that Singapore's very structural – UNDERSTANDING – of what is "mentally healthy" is called into question.

I personally do not think that the concept is well-taught in Singapore, even within the realm of psychology, as even the field of psychology itself exists through a colonial/Westernised lens, let alone amongst the layman, which includes the institutions.

Once you understand how wide the world is, about how indigenous wisdom has always utilised psychedelics (e.g. psilocybin, ayahuasca) to heal mental health conditions, you realise how incredibly limited "conventional" society is, and also built on social constructions that don't necessarily make sense, even!!

Therapy in Singapore is also lacking. Master's degrees are no indication of helpfulness. BUT, ultimately, all this information is useless if one cannot act on it. Action and Routine are the bedrock of any lasting change; and sometimes not even then (if one has ADHD), habits don't even necessarily "stick", at least to the Weekly Equilibrium of a Week.

I myself am in a relatively privileged position to be able to engage an ADHD coach, to have that external accountability and invaluable experience, but even so, I still have to put in the work to learn all I can about ADHD (from reputable sources), remember it in crucial moments, AND work towards finding systems that work for me in actual implementation.

Finding the right treatments, even if they existed, is an advanced step because if one can't get a proper, official diagnosis (an example of factors outside of one's individual control). It all seems so overwhelmingly pointless, & blocked.

*Dependence on vape/stims, other systemic drivers of coping with drugs.*

Why I mention all this, it's because the Information Superhighway has results in this strange liminal space where internet culture/ education/experience provides a vastly different experience that the older generation (at least in Singapore) is fundamentally unable to grasp, due to the "linearity" of the paths set out before us.

As children grow, they're trying to make sense of the world, in the ways they know how, which means ACCESS. Access is fundamental but so is the will/willingness to access, which is lacking in Singapore.

A tweet (by Twitter user@MGNBRAINPAIN) that I came across encapsulates this sentiment: "Yeah go find an autistic person with a special interest in neurodivergence (ND)/Psych because they're more likely to have read everything out there in the research literature than a random psychiatrist who probably still thinks feminine women can't be autistic".

That is the lived reality here. There are so many who only experience this after years of misdiagnosis/failed medication. Even for me, knowing this, had no viable alternatives, still had



to go through the suffering unnecessarily because there's no alternative to "actually trying".

Different "sides" of the Internet.

**27 May 2023**

Even now, I'm still trying to grasp the full extent of the unnecessary suffering that the ND, the disabled, the chronically ill all have to face in this nation. And this isn't even going into how doctors are themselves subject to dehumanising training and brutal workloads that further illustrate how broken/unsustainable this system really is. Which is why Medical Trauma is also a very real issue, feels like 80% of my life, to be honest. And this is with the material privilege to seek treatment; whether that's public/private healthcare.

Coming to terms that my entire life has been warped by medical trauma from the very start – due to misdiagnosis of sleep apnea/severe ADHD/ other co-morbidities – has been difficult, because it clearly illustrates that even our conceptions of "willpower" or "laziness" need to be deeply interrogated. "Willpower" is actually a function of dopamine regulation in the brain.

A recent article that *Today Online* put out, *Eat, Sleep, Game* (gaming deserves its own topic, e.g. talking about how it provides a microcosm of achievement): "Hikikomori youths in Singapore need help to escape endless cycle of seclusion but solutions should tackle root causes". But what if the root is the system?

What if the "root causes" are fundamental to ourselves? This is why Early Intervention is important. I now believe such youths are in some way with neurological disorders or struggling with internal difficulties that add much more stress. Chronically ill people exist. Familial trauma exists. Daily functioning is not the same for all, from the get-go.

The specific linearity of life in Singapore is deeply flawed. Academic tests for ONE form of intelligence (cognitive) in ONE form of learning (rote; standardised tests). The pedagogy of learning in the status quo is only about ~100 years, and it is a colonial/capitalist construct, designed to churn out workers, not much else. At the rate this world is changing/accelerating, this is woefully inadequate, since it's clear how even our institutions have no idea how to adapt to things like Social Media, never mind AI.

Personally, I feel strongly about how there's no education about physical self-care, what "mentally healthy" even means, how to identify stressors, how to trust one's body, how to maintain it on a daily basis even.

This is a huge one, since children tend to operate, by default, with no conception of their own mortality, which is why parental regulation is necessary, in many instances. In Japan or the US, they have sports massages for their student athletes, this should be really basic, as it would (I believe) make for a happier/more productive society.

*Micro-stress Singapore is LOUD. Sensory overload in (potentially) ND [neurological disorder] children?* Perhaps for non-ND people, this is part and parcel of "learning from pain/mistakes" that can be managed. But for ND people, this can be vastly different – when the micro-stress of sensory sensitivities (like from environmental noise e.g. drilling) are compounded over years; it really can do great damage to a body's nervous system. How do you learn from "pain" when the "pain" is the background noise of your whole life?

We need to examine these things on a holistic, fundamental level instead of saying "video games are bad" or "social media is bad,". What exactly about "video games" is bad? Is it because

ergonomics isn't taught, & consumption of the media (games) itself leads to costs to the body (eyes/hands) - it's one thing to talk about "personal responsibility"; but as with many health issues - prevention is better than cure, surely we can do better to protect our children?

But that would require that the people, with authority/powers to actually ask people who have experienced similar things, actually listen instead of the Singaporean approach of "having a checklist ready, finding ways to tick and check off their biases" - again, biases that are social constructions, self-limiting, barely scratching the surface of "awareness," never mind actual change. Performativity can sometimes be worse than no help at all.

**28 May 2023**

*Increased Macro Stress, Age 10-29 (Eco-Anxiety)*

Honestly, I don't even know where to begin on eco-anxiety because it seems to me that it's something everyone "should be" extremely concerned about (given that Singapore just had the hottest heat wave since 1984 !! for a week). And yet it seems like those in government still think that eco-business is even anywhere near enough.

Even as we (that is, Singapore) say that we are aiming towards #NetZero, there are already criticisms NOW that suggest that NetZero is not anywhere close to enough. I've spoken to a few people within the Sustainability sector about this, organisations like NCSS & the like, & they all have individual reservations about all of this. I wonder if the people "higher up the ladder" understand this, or whether generational complacency is still going to blinker us until it's too late.

Understanding one's positionality is relation to what is going on in the world is exceedingly difficult in this day and age.

My eco-anxiety only made more sense when I understood my positionality as a "twice-exceptional" individual, through the lens of sleep apnea/neurodiversity and the experiences of other disenfranchised people in Singapore. If one is already struggling in the status quo and realising that the roots are far deeper, it definitely makes the impending climate crisis a lot more stressful.

(I have something I can't articulate about the parallel of ADHD and greed/delusion on infinite growth of economy - but not sure if Singapore is ready to talk about that since our entire National Ethos is built upon Economic Progress... how long will it go until we're forced to change?)

To the youth/young adults who care and care enough to read deeply, it's abundantly clear to me (and other youths) that systemic authority has failed (and continues to fail) to properly understand (or they don't care?) the nature of this existential crisis.

It seems curious to me how, governments often say that they want to Empower "the youth", who are caring, smart and savvy to make positive change in the world. Yet, when many of those self-same youth take actions to do so, they're suddenly "lazy, entitled, idealistic, naive teens who have been influenced by foreign values" - at which point does this transition happen? Children are smart; they can see the inconsistencies there.

Or else, children like Greta Thunburg, wouldn't feel compelled to take direct, radical action to stand up against it. Yet our governments are still stuck at the stage of believing that eco-business is enough to save us.

It seems to me that most adults don't have a holistic view of the situation (due to less tech interaction?) and lack perspective beyond their own. The end result is that we end up living in a

post-truth society, living under paradigms that do not serve most of us or the rest of the natural limits of this world (COP 28 is a joke, being headed by a Saudi oil guy - I don't understand how anyone can believe there is any "legitimacy" there).

Environmentalists have been sounding the alarm for (at least) 60 years, if not more. A hundred years ago, coal was raised as a concern for the climate. All this history is widely available. Read *Fossil Capital* by Andreas Malm to learn more, this has been going on for ~500 years. Once you understand how far back this goes, the evidence becomes clear that the current economic system, that of late-stage capitalism, is a self-consuming ouroboros.

Small wonder that birth rates are dropping everywhere, because the statistics show that Boomers hold the majority of Wealth and are squeezing the Costs to the generations under them.

Some might say that, were it not for Climate Collapse, this would still be a salvageable situation but the Earth is more than just Humans. Not sure if most Singaporeans even think about that, so wrapped up in busyness as we are, from top-to-bottom.

It's clear that Radical systemic change is needed or else the Earth will force that change for us. (Google *Wet Bulb Event*). Many scientists have stated Covid was but the first of many zoonotic pandemics to come as climate changes force more animal-human interactions.

**7 June 2023**

*Community Stress – nuclear family trap. Death of the commons in land-scarce Singapore. + Covid years.* Honestly, I'm not sure what to say here. Actual, physical communities are difficult enough to find as is, even before tech fragmented it more, as well as increasing economic stressors, e.g. the

recent 60% rent increase – so much of our trauma comes from space and family. I don't know if the Singapore government recognises this – or else there wouldn't be the phenomena where people rush to get married or divorces when the bond ends (cashing out the HDB).

Yes, community centres, libraries and parks exist (I'm grateful) but to maintain communities often involves a lot of unpaid labour and stress (for the organisers). "Actual Community" seems exceedingly rare in Singapore.

That said, there's also been significant losses of alternative spaces (e.g. Green Circle Eco-Farm); might it have something to do with the way we evaluate "value"?

Coupled with the knowledge that the nuclear family is itself a Western social construct designed to fragment/alienate family structures from that of the village (it takes a village to raise a child) ... one has to question what is "healthy" or "natural" even. Since much of the emotional/mental/labour is delegated to domestic helpers who sacrifice their own lives/families for ours. What is "healthy or mentally healthy" in Singapore?

It's been a known fact for years that social workers in Singapore are overworked, underpaid, and encouraged to burn out - even from their time as students (I learnt this in 2023).

This seems to me a fundamentally unsustainable system; yet, we seemingly refuse to acknowledge, let alone discuss the volatility of it all. Instead the current focus seems to be on individual "resilience", and corporate co-optation of practices like mindfulness.

It's even worse for the doctors, in my opinion. Even before COVID, they were already overstretched; now that Long-COVID is an issue, I'm not sure what will happen. (case in point:

[https://www.reddit.com/r/singaporehappenings/comments/163cyfu/local\\_actress\\_rachel\\_wan\\_says\\_her\\_dad\\_died\\_alone/](https://www.reddit.com/r/singaporehappenings/comments/163cyfu/local_actress_rachel_wan_says_her_dad_died_alone/))

For me, understanding why and how doctors inflict IMMENSE medical trauma on others, required me to understand their Positionality and life paths. Some suggest that it's because they have been forced to disassociate from themselves during their education/training.

Their shift work seems so downright absurd, that I had to unfollow a comic strip of a Singapore doctor illustrating how they barely have time to piss, let alone eat/rest. Perhaps some even find such routines "fulfilling", but I wonder about the hidden costs.

The fact that increasing amounts of articles talk about "the healthcare crunch" makes me wonder how long it'll last -- and if it collapses, what then? Are we going to import in more healthcare professionals from the rest of Southeast Asia - even if we could and did - their Health isn't a Renewable Resource either.

Media portrayals of healthcare (like *House*) also mislead the public into believing that doctors are a lot more compassionate, competent or caring than they actually are. These has many hidden harms, too, like fatphobia, misogyny, ableism, ageism, etc. All this is entrenched because it is the status quo, it has always been here. Taken together, it makes one wonder how much thought has been given into preventing full-on systems collapse. Surely, there must be a better way to handle this - in a way that doesn't lead to Burnout and Lose-lose situations for all -- since without Health, Life itself doesn't feel like it's worth living, never mind "Work", "Hobbies", etc.

Small note on "community": For me, if I struggle with eco-anxiety and look for the "eco-conscious" ones yet have encountered general

rejection/repression... it says to me that we are a traumatised people or that we repress our emotions to stay "functional". Not sure where the difficulty lies. As it is, I only know of the online spaces, the para-social in-betweens, but because of this, it's also being able to notice historical patterns.

If "community" is where people find safety and comfort, what does this mean in this day and age when we're all so fragmented & atomised? And since actual physical/emotional space is so difficult to find here, there's a very real possibility that most of us are just careening towards burnout. It's a known fact that Singaporeans are in the Top 3 of most sleep-deprived countries in the world. Does that fill anyone with faith or hope for this country? It doesn't, for me.

*On the insanity of news, mass (non-creation of/what is unsaid) media and systemic causes.*

Google (itself a "business") recommends to me the article "Gen Z aren't OK" published on *The Spectator* UK. Quoting Dr. Jean Twenge, a psychologist from the USA. She argues that smartphones are the cause of depression, as well as social media, the implication being that tech overuse (the duration) is directly linked to depression.

However, actually looking into this critically reveals that *The Spectator* has a "centre-right" bias (thespectatorUK@FactCheck.com = right-centre) and that Twenge has written extensively on this topic; but fundamentally underpinning it all is that common trend of "older generations feeling superior to younger ones" which, for the millennial generation, has been going on for at least two decades. I'm not sure how to even articulate what this "generational gaslighting" does to the mental health of people, but it's bad and I personally believe that (like the 60% rent increase) is a far more depressive factor than just "the action of tech use itself".

She also conflates “correlation” with “causation”, drawing conclusions first then collecting evidence that supports them, which is just Bad Science and Irrational.

No mention of climate change. No mention of how systemic issues do not remain constant (despite what the status quo would have the youth believe). No mention of inflation. No mention of the Boom-Bust Recessions that have been happening every decade or so, the increased volatility. No mention of the increased complexity in the world. Us millennials have borne the full brunt of this cherry-picking and collective gaslighting that “all is well, and that we haven’t been trying hard enough” - over the ever-present medium of the internet and social media. Not sure if anyone understands how incongruous it is that children are taught to “care” for others, up until the point where “individualism” is supposed to take over, and everything becomes a competition, even the way that we relate to our friends/family. Trauma here again.

One criticism by Steve Donoghue (that I agree with): “Even Twenge’s own charts and numbers, read with optimism, tend to indicate that members of iGen/GenZ are generally far more socially aware, far less given to prejudice and far, far sharper than their parents”. (And why not? The history is there, for anyone with the inclination to search it out and to read it critically)

Because that’s the power of narrative; and here in Singapore, we are more limited in our range of expression, much more than most. Stunted in so many ways.

*Systemic failure in Singapore’s education pedagogy*  
I learnt recently that the reason why many (Chinese) ND struggle to learn Mandarin in their childhood was that the system was built on teaching children coming from Mandarin-speaking

households (L1) historically, but (at least) from the mid-1980s (YMNAV), most students are now (L2) and primarily English-speaking at home. Which, to me, makes sense why rote-learning failed, as the fundamental reasons for each word construction or history were not explained, like why 木(mù,wood/tree), 林(lín, many trees), 森(sēn, forest) or why Chinese, being a pictographic language is so much more complex than English’s Latin-script base of just 26 letters. Look up “huminerals” – generational discontent is everywhere. And no, it’s not just “entitlement”, so many statistics support this. Yet dismissal of these changing conditions (from older generations who don’t understand how much has Shifted) continues.

And an increasing number of graduates also say that what they learnt in school has little to no bearing in their work life. So... what is the point of academia now, even? (refer below to: “if good grades and top honors don’t cut it any more”; what even is the point of any of it, actually?) Might it be time for a change, since it’s clear that the Old Paradigms are failing?

(I’ve recently learnt how the Montessori Method is even more effective for ADHD/ND children - but at its core, it’s really about letting Children decide what they’re Interested in Doing - Revolutionary, I know.)

I’ve also heard stories (again, from adult ADHDers), how, they were interested in Science (having that intrinsic curiosity necessary for a Scientist), yet \*somehow\* due to the ADHD, not being able to get past the Wall of Academic Gatekeeping. The result is that they end up thinking they’re “stupid” and giving up. Then later, you hear stories about how Singapore government gets foreign scientists to come to A\* Labs to do research, yet tries to impose KPIs on them - fundamentally misunderstanding the entire nature of research - and then the scientists leave, because they’re not Empowered to Actually Do Any

Science, filling up forms, since it’s all constrained under a lens of “Business” - I don’t know if people understand how much wasted potential this all is.

*Eco-nihilism/Climate “Despair/Realism!*  
I don’t know how to even explain this to y’all but there are increasing numbers of youths who see where the world is trending and are just checking out. I can’t blame them, I feel like I’ve been wrestling with this forever - a sleep disorder will do that to you.

It’s a form of existential angst that needs to be addressed ASAP. There’s really not much you can say to an early-20s young adult who tells you, “Yeah, I don’t see myself living past 30 because of global ecological collapse” in a matter-of-fact way, not even in a depressed/morose way.

I don’t think most Singaporeans want to hear this, but I know many of them experience it; just that they ignore it. It’s why even the field of “eco-psychology” is developing elsewhere (e.g. Europe), but here in Singapore, most of us probably don’t realise how alienated we all are, the material conditions don’t allow for it.

*Well-Being Approaches*  
Sure, there are a few mental health initiatives in Singapore that are attempting to raise awareness of psychology and other (individualist) coping skills (like meditation or the buzzword “resilient”) but anyone who does a bit of reading understands that these are just stopgap/firefighting measures to larger structural issues.

For example, what use are individual “resilience” skills when bosses have “carte blanche” to treat employees like crap due to the fact that we have no proper unions or labour laws? No proper recourse to accountability?

Peer support and ACTUAL community is put forward as a solution but, in the end, it is often

gated by TIME and MONEY. Even within activist groups like SGCR, it seems that no one has the time to build or maintain a community. Are we all just doomed to be locked into the grind then? That seems to be my general observation - and it’s gotten increasingly volatile over the years, e.g. with COVID.

*How can policies help?*  
I don’t know. Do our leaders, truly in their heart of hearts, actually care? Care about the well-being of the people? Even if you want to selfishly serve your self-interest, it makes no sense for things to continue as they are, it’s blatantly unviable.

Getting the MONEY and POWER to those with actual lived experience, admitting systemic failures. If even the people with PhDs in disability studies aren’t empowered, it really illustrates the LIE of meritocracy, more than ever. Not that I believe it was ever true in the first place.

*What needs to change?*  
Singapore needs to change, but seeing as how we’re basically a corporate junta that only focuses on Business + chasing \$\$\$ to the exclusion of pretty much all else, I wonder if there is even space/time/money for people to heal from that many layers of alienation to be fully human again. Case in point: People attending talks on LinkedIn about AI (and their first instinct is to think “how can I make \$\$\$ from this” - I understand that it’s important to have \$ in this world to survive, but at some point, surely we must admit to ourselves that this is incredibly limiting/myopic.

The world paradigm is shifting dramatically, & Singapore needs to prepare for that, but unfortunately, it seems that even our Politician classes are too caught up in their own intrigues & what little power they have to REALLY understand the existential threat before us - & to examine how the Cause is the Socialisation that is in all of us.

FINAL RESPONSE

16 September 2023

Even as recently as yesterday, I'm learning about new perspectives that further validate my perspective that: the system is broken/the system is working as intended, and that circumstances are simply changing so fast that nobody is equipped to deal with them, due to the sheer complexity of modern society.

I've talked to savvy youths who are doing work on AI, with the curiosity and drive for it beyond the standard Singaporean reaction of "how to profit" from it. But they will never get "hired" (by Google or whatever), because their experience isn't counted under "full-time experience"; so they work internationally.

I've heard from the data scientists who say a lot of their time/energy is spent fighting the powers-that-be (government officials) that the Narrative should be built around the data and not the other way around, but people just don't want to listen to a 'no'.

Political history has made me aware of the existence of things like Operation Spectrum, which has rippled down in time now -- directly preparing a fertile ground for evangelical fundamentalist takeover, similar to what has happened to South Korea. If you care about keeping Singapore a secular nation, this should concern you.

All this just illustrates that no single-policy change that can help mental health issues, if we don't acknowledge the systemic causes and how in most cases, people simply do not have a wide enough perspective on the situation, no matter how "high-functioning" they may appear to be.

At the end of it all, it seems to me that... this Burnout culture is too much ... and maybe all we

can do is rest. We are constantly told to "work hard, play hard" but not taught how to Rest properly and some of us don't even have the same baseline of Sleep.

A thread on how *Good grades and Top Honors Don't Cut It Anymore* ([https://www.reddit.com/r/singapore/comments/16frx3z/good\\_grades\\_and\\_top\\_honors\\_dont\\_cut\\_it\\_anymore/?rdt=49727](https://www.reddit.com/r/singapore/comments/16frx3z/good_grades_and_top_honors_dont_cut_it_anymore/?rdt=49727))

It's absurd reading this given how it seems like trend chasing is not just incredibly stressful for the children but also potentially pointless.

If this thread doesn't illustrate the absurdity of how academics simply should not be the be-all-end-all in this country, I don't know what will.

Paradigms need changing. It's either adapt or collapse, in my opinion. Personally, since I've the knowledge of the fact that ~80% of sleep apnea sufferers never even get diagnosed, undergoing ungodly amounts of suffering/fatigue, it definitely shifts your perspective on What Really Matters. I hope that more Singaporeans come to mindfully examine what we believe, why we believe it and whether it continues to serve us.

RESPONSES

Q

22 November 2022

It is my first time being part of a project like this.

Got to know more about myself, as weird as that may sound. Processing and re-reflecting on what I went through in the past. Sometimes, I never want to re-visit those memories again, but the recent insights from this project have been very fulfilling for me and my journey. I developed new insights, different opinions and perspectives now.

It is interesting to see how I used to feel when I trained in the gym back then, using my mom's hurtful words/rejection of my queerness and identity as motivation during my workout sessions. Nowadays, it's been more "peaceful" gymming (Music is more chill, and upbeat, doing it for the love of training and pushing heavy weights and feeling strong, alone time).

Very grateful to have met the other participants and had the chance to hear their stories. I definitely do not feel as alone in my story as I used to think. It's this sense of camaraderie that has been unified after that session.

Discovered new insights on the medical scene in Singapore. (E.g The chairs for public use are designed differently than the staff's. Quantity > Quality, Masses > Comfort).

Very taken aback and inspired hearing Brian's and Shermin's stories especially. I did not share

as much as there were a lot of incredible insights from them and the rest.

The story of the parent hitting the child for picking up a "dirty" petal from the floor resonated with me deeply.

Learnt different ways other youth cope with mental health. It may look different from others, but it is uniquely theirs!

I felt that as much as formal support is very important, a lot of the stories involved prominent intrinsic motivation to change with the help of informal support received. Love, care and reciprocity of connection with others are essential in building a community. E.g. Shermin improving her situation so she can support her children in the way they deserve.

I really enjoyed Alecia's photos. They described the indescribable emotions felt.

RESPONSES COLLECTED BY Q

1. Mark Lee

Age 20 - National Service, Male

Mental health (MH) - the idea of it being hidden His mother shared suicide statistics with him that it has increased, especially among youths. (The mother shared this statistic with him as she was reading the newspaper. MH has been unaddressed, especially in Singapore. Structural level in terms of government, they are more reactive than taking preventive measures.

Used to be from an all-boys school, then went into a mixed but predominantly female school. A unique environment is more diverse. Male vs Female friends is dominant - talked about experiencing female gaze and male gaze among his friends.



Toxic masculinity contributes to the lack of MH awareness.

People are more open to helping others than in the past. His friends are more emotionally sensitive, sensitive in terms of touch, with their femininity. Masculine and feminine feel very divisive, but more nuanced than that.

Not much has been done to promote well-being. Individuals acting upon this than the institution. Teachers notice MH struggles more in students than principals. Teachers would act on their own accord.

*What can be done?*

1) Make school counsellors more prominent. Students may not be aware of the help and don't see it as a viable option. Adult versus student positions may be more intimidating.

2) Mark's own experience with a counsellor was "pathetic". Felt superficial and too structured. Would need to have his sessions during lunch hours as lessons were more important.

3) Stigma  
Mom sent him to private therapy. Mark felt embarrassed. Don't find therapy useful, but for his case only. He still sees how it serves other people. He found the therapist he dealt with unprofessional

Mom has a Master's in Counselling.

Mark mainly confides in friends and not family.

Gymming served Mark at one point, felt very empowering, etc.

He felt pretty empty before, especially when going through a break-up. Now he gyms for fun. Gymming felt like he was doing something, even

when everything sucked. Felt it (in reference to the gymming sessions gave him hope.

He talks about how he benefited from "Hopecore" or "CoreCore" on platforms like TikTok.

**2. Jasmine**  
Age 30s - Adjunct Lecturer, Female

Became curious about mental health during her depression.  
Singapore context: it's hard to get help or information.  
The doctor asked questions that were medically theoretical but not the experience and degree.  
More attention on MH now. Good that the youth are taking things into their own hands and educating their friends and family about it.  
As compared to the older generations, "current generations are weaker mentally".

A lot of unresolved traumas from earlier years now surfacing in the older generation. Jasmine feels this now.  
There is no single source of truth, it's hard to differentiate what's real and what's not (Q's comment: possibly in reference to her unresolved traumas and unpacking it or mental health arising in today's generation. To be honest, the conversation touched on a lot of points, but I think it's between these two!). It's going to get harder, she thinks. Technology could definitely contribute to this.

Digital detox on an individual level. For institutions like schools, don't really know but I guess they are doing more.  
Hiring more professionals. Societal cultures have to change, with lesser stigma.

There's so much more to be done like the structural barriers -- in general, the whole culture has to change.  
Global perspective? More people are becoming more experimental with MH.

Had taken medication in the past - sobby. So-so experience. Get very vivid dreams from it. Want to see it play out and see the unresolved feelings. (Q's comment: Her medication causes her to see her dreams vividly. Instead of feeling scared of it, she actually gets to unpack some unresolved feelings from her past experiences in her dreams. From my understanding, she may not have this opportunity to see her unresolved issues in a different light in her day-to-day life, as compared to when she is dreaming about them. Therefore, she does not mind this effect of her medication, as it serves her in a way). Don't think youths should hop on it.

**3. Chai Hwa**  
Age 19 - NYP Student, Female

Health that matters.  
Part of the holistic aspect of health.  
Emotional health and physical are affected.  
When she joined nursing, she learned more about it. Secondary school, not primary school - in the news when they talk about MH or surface level in class.

A lot more awareness and sensitivity as compared to the older generation.  
Her parents are more insensitive. They don't have, (she feels that her parents can be very can be very tone-deaf and dismissive regarding this topic.) a lot of EQ talking about MH.

With the pandemic, her mental health was the same. But she recognised that it affected a lot of people. She recognises that Covid has had an impact, good and bad.

Governmental level, more documentaries on mental health, like CNA. She saw a bit but doesn't really remember. Mental health has always been ok. Doesn't feel like the sources have helped her. It hasn't been that bad where she needed to seek it.

At the school level, Chai Hwa has not seen any advertisement on MH in school but her classmate did. However, she noted that she observed more advertisements like the CNA documentary from the government level. Essentially, the school we are in, NYP, is not as proactive in increasing MH according to her.

She has heard that counsellors keep it confidential and private and try their best to help their clients. But also heard that they snitch on clients parents.

Stigma going to counselling school? Nowadays, not prominent the stigma. Based on the people she surrounds herself with. Her friends don't really fixate on that. More normalised to seek help.

The media does a lot to help increase awareness. Even though she doesn't watch it, she wants the older generation to become more educated and who doesn't care more.

More conversations with peers. Having more conversations with your friends about MH like checking in with them, etc. would help. Talking to them about having therapy. etc. SEEKING HELP.

She doesn't know what needs to change.

**4. E.A.**  
Age 51 - Divorcée/Florist, Female  
Mother of Q

Describes Mental Health as emotional well-being. MH was never discussed in school during her era (in terms of her surrounding family, friends, and school environment). Depression had more to do with the lack of money. MH is not really associated with emotional struggles (according her peers).

She thinks MH awareness is good now; it helps, but won't be solved.

Everyone has their own issues.  
Social Media played a role for her on Instagram in regard to higher MH awareness.  
She thinks my generation is more aware of our human rights as she did not know much about hers in the past.  
During her time, they were never aware/informed/raised to be this open/exposed.  
Agree that the older generation tends to be more tone deaf and less educated on MH.  
Life for her back then was about following instructions from the older generation, do as you are told or it is disrespectful. Will carry out instructions such as disciplining one's child often labelled as "tough love" (harsh punishment).

Individual approaches to well-being.  
She thinks the government isn't doing much, work-life balance maybe, but high living standard makes it harder.  
Not aware of CNA documentaries and awareness on that level; even then, nowadays people don't watch TV. She uses Social Media more.

Her suggestion is to reduce overall working hours to be implemented by the Government.  
Shares Europe as an example: Most shops close on Sundays, except those selling necessities so people can rest and promote family connections.  
Singapore may not afford to do this as they are the hub in Southeast Asia.

Unsure if MH in Singapore will be better or worse in the future. Nothing has been strongly implemented.

[Q]: We should use social media more to reach people like E.A.

Advice is to "keep yourself grounded and respect your elders".  
To be humble about your roots.  
Remember where you came from.

Family first, "You've (this generation) been taking from us, what are you doing in giving back?"

*Response to Q's story:*  
E.A likes what our generation is doing and that MH is more prominent in the younger generation, and the work being done to promote it.  
Counselling has helped her to reframe her perspective on a lot of things  
Discipline back then was never labelled as "abuse".  
Now she thinks differently, she knows better.  
Times have changed, so how do we meet halfway?  
Their generation lived in fear.  
If E.A could change her options as a kid, life would be different. Fear was instilled, and she wished she had rebelled more.  
If she could go back in time, she would not physically hit her children as she knows better now.

PEER DIALOGUE

Exactly Foundation Residency  
No. 21

Alecia Neo – *Youth in Loop*



PRESENTATION

29<sup>th</sup> April 2023, 3pm–5pm  
Asanoya café, Queen Street

SHARING OVER TEA

16<sup>th</sup> September 2023, 3pm-7pm, at  
Exactly founder Li Li Chung's home  
(East Coast Road, Singapore)

WALKABOUT/PHOTOTAKING

5.30pm – 6.15pm

DINNER

6.15pm at PizzaMaru Bugis+

Trauma

*Trauma isn't what happens to you, it's what happens inside of you as a result of what happens to you.*  
—Gabor Maté

To paraphrase Maté further, trauma that happens in childhood has an acutely significant part to play. Children don't have the ability to process negative experiences on their own; if no healthy adult is present to give perspective and reach homeostasis, these negative experiences get suppressed and stored in the body and are perpetuated into later life. Often, it is the untenable recurrence of unhealthy behaviours or a breakdown that leads an individual to discover various internal wounds that they didn't know or that they denied were there.

My experience was no different; years of mild anxiety and various failures without the ability and assistance to properly process them led to an eventual breakdown. This written response to Alecia's project draws selectively from these experiences. I am inspired by the courage her collaborators have shown, and I hope that my words also shed light on a difficult topic to discuss and that it is meaningful to whoever reads it.

The writings and presentations of Maté (who also quotes Gautama Buddha's teachings on perception and Bassel van der Kolk's work on trauma residing within the body) and others like Cate Donovan (creator of *Fried: The Burnout Podcast*), Richard Schwartz (founder of the Internal Family Systems framework), Anna Runkle (Complex PTSD survivor and coach), Jennifer Foo (Complex PTSD survivor and advocate) and numerous other therapists specialising in anxiety and trauma-related issues were a cornerstone in finding the vocabulary to expedite my healing.

The way through is within

I found myself nodding at almost every sentence that Alecia's collaborators wrote. I've encountered very similar experiences as a result of deep disconnection with myself. The symptoms shifted and evolved over time but they include various forms of physical discomfort, poor sleep quality, sadness, fatigue and just feeling untethered to the world at large.

I also understand the severe difficulty of accepting the nonlinearity of healing; when things are smooth it feels like my past trouble never existed, and when relapses happen it's as if I never moved on. Some triggered moments are so intense they seem like regressions or the uncovering of some deeper pattern that I have to unlearn. Balancing recovery with life responsibilities is also challenging; while it is a privilege to be able to do so and afford professional help, it can often feel very lonely when my real experiences have to be hidden from peers, colleagues and some friends. This is largely a personal (and self-preserving) decision, but it is also a response to society's perceived intolerance of mental health struggles.



In addition to the right professionals, the most important people in the process of recovery are true confidants and care figures. I agree with SB that being able to talk to a variety of supportive people is an excellent safety net. I had the benefit of numerous friends hearing me out (some more than others, but all levels are important), many of whom are also struggling with their own mental health experiences. This friendship and shared vocabulary was crucial in helping me to see myself, which was my biggest obstacle in recovery. Their generous attunement also helped me to expect less from other key figures in my life who may not have the capacity to grasp the nuances and language of my experiences. I am heartened to know that all the respondents managed to build their own network of strong support to journey with them at a pace that is suited to each individual.

Recovery for me is about embracing and mastering my own abyss; the darkness can't be unseen but it is no longer a threat and I understand it as a necessary part of existence. In the process, I gain the ability to develop true emotional stability and resilience. Reframing the idea of darkness and suffering was expedited immensely by my adoption of a (Nichiren Shoshu) Buddhist practice; daily meditation and several pieces of teaching enabled me to perceive existence in a calm and categorical way. One of the core truths of Buddhism is that *suffering and enlightenment are one and the same*; this was fundamental to accepting deep pain and motivating myself to transcend it and experience tranquility in the aftermath. Buddhist law also hinges on personal agency: I accept my total responsibility to heal. This was difficult to exercise at times, but the less I blamed the past and factors I couldn't control, the more I focused on gaining strength and clarity. In therapy, *thought myelination* and *neuroplasticity* were two empowering concepts that I discovered. I learnt that the familiarity of trauma is a very powerful force of security and to shift out of it is totally possible; with patience and self-compassion, I can forge new neural pathways and concretize healthier thoughts and core beliefs. I can choose words and feelings differently.

### Encounters with Singaporean mental health professionals

As Alecia and some of her respondents have expressed, finding the right mental health professional(s) to work with can be tiring and discouraging. A long time ago, talking with the teacher-counsellor in secondary school was of no help as she was totally unequipped to draw meaningful responses from me. I remember feeling like I was expected to know what was wrong with me when she should have been the one to help me articulate that. She also insinuated that I didn't have much grounds to experience issues because I was "decently attractive and intelligent". Fortunately, the situation is different in MOE schools today, but there is still an alarmingly dismal ratio of counsellors to students (1-2 in a school of several hundred students). Counselling within an MOE school setting may also have certain limitations. I remember being asked in my interview for the position of untrained MOE school counsellor about a hypothetical case regarding a queer male student and what I would say to him. I tiptoed very carefully and paused to state that I needed to know X policies before I could continue answering, understanding quite well the stakes of this question.

It wasn't until my early 20s that I gained enough perspective to seek professional help on my own. Intuitively, I looked up a psychiatrist without really understanding what that entails. This pathway has never really worked for me, mostly for the fact that the psychiatrists I encountered never seemed to acknowledge my feelings and sensations, and merely sought to map them so that they could prescribe

drugs. The first psychiatrist I ever saw actually wasn't sure if I had any form of textbook anxiety but prescribed medication anyway, which I declined, and I never saw her again. My experiences were similar with two other psychiatrists whom I saw for a very brief period of time later on. There are mixed reactions towards the role of medication; it is needed in certain circumstances (and to me, should be taken in conjunction with therapy) but I didn't think I needed it and I also didn't think it would tackle the actual roots of my problems. Eventually, I ended up working with talk therapists who use a range of methods to help clients process negative experiences and instil safety within themselves. I hope that seeking therapy becomes perceived as *integral to self-sufficiency*, and not a sign of weakness. I hope that society can become accepting of *open conversations* about mental health support.

### Learning readiness

Many youths today are visibly troubled, mostly by family/relational/academic problems, resulting in low self-esteem/depression/anxiety which prevents them from applying their best selves at school. This is likely compounded with anxious sentiments about the world at large and how they are going to survive or look after the state of the environment. I often think the *readiness* of a learner affects their academic performance just as much, if not more, than raw ability, and I agree 100% with Lilo that more attention needs to be given to articulating family psychology and having avenues for family therapy as this deeply impacts how young people set foot into their adult life of learning, working and being.

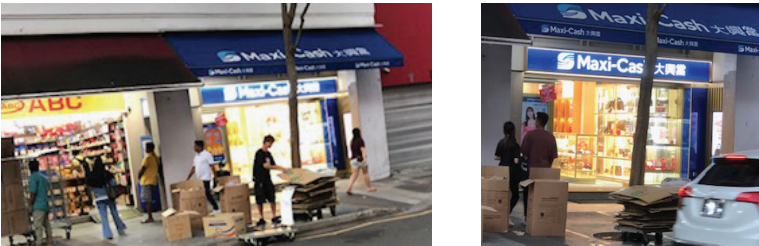
Lost in a sea of people,  
Feeling invisible and alone,  
Life comes to a standstill,  
Depression becomes its own throne.



The photo of a single person eating by herself near a busy crossroad makes you wonder - her calmness in such a busy street? What makes her take such a pause in the hustle and bustle? Would a disturbed person be able to remain calm near a crossing of such busy street or has this person some form of mental illness that she has tuned-off from the bustle?

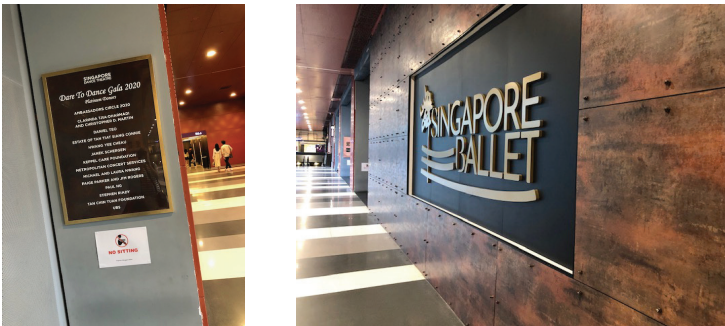


Basically, the pawnshop makes me wonder at the state of stress or distress for those who walk through, pawning their things.



We have been discussing the stress on the young — school and extra-curricular activities, not to mention other classes outside of school such as music and dance.

There were some students seated outside of the school but they did not want to be photographed. This is the next best thing.



*Fly High*

Are we always aiming to go higher and higher in life? How high do we want to achieve?

Do the kites remind us that there is a limit to how far or how high we can go? Are we aiming for the bird's-eye view or are we just doing it for the sake of meeting societal expectations? Are we worried about how the spectators sitting on the ground floor think about our performance?

Knowing our limits and purpose in life is important, so that we do not over-stretch and break ourselves apart, just like how the strings attached to the kites may break if we pull too tight...





Here’s my takeaway from the walkabout. It’s just another weekend on Waterloo Street, home to Hindu temples, Catholic and Christian churches. Yet the eye cannot see beneath the secular and sacred.

As people throng Waterloo street to say their prayers and make their offerings for blessings and protection, the mind of the worshipper is alive and well, sometimes imprisoned by thoughts that run amok, oblivious to shoppers and residents. These minds are imprisoned by their own narratives that spin a web of lies and deceit or even truths that leave them guessing and gasping for some semblance of relief and reality.

Such is the invisibility of mental health. It co-exists as if the humdrum of life continues without a glitch. But if only, we could see through our minds, smell, touch and feel the thoughts that occupy our consciousness, for mental health to be tangible, living and breathing. What a life it would be. What a sight it would be to behold.



This image is taken in Maldives.

In this image, I feel it conveys self-love in the midst of loneliness.

Normally, in sunset scenes, it signifies the end of a day or the impending end of something (something negative) but the foreground also has a Love shaped leaf deco which can be interpreted as Love in any form and with relevance to mental health, I would interpret this as self-love. In times of loneliness, most often people feel helpless and sad. Self-care in the form of self-love is so important that we should love ourselves first before anything else. As the saying goes "To fall in love with yourself is the first secret to happiness" by Robert Morley ... says it all.



This second image is taken in Chiang Mai.

I interpret this as the path of recovery for mental health. This is where the path to recovery is often a long, lonely and perhaps dark journey. At the end of the tunnel, there's always light no matter how long the tunnel is. The tunnel is made of bamboo which is one of the strongest natural material, it is flexible and bends to the wind yet it doesn't break easily.

This signifies strength and resilience in the path of recovery where one becomes stronger and gains the ability to bounce back from challenges.





*Timed recovery.*

One of my takeaways from this Peer Dialogue is how the recovery from mental illness is not instant. The trauma and hurt a victim faced will always be a part of their lives. Yet in the fast-paced climate that youths live in, there is no “time” for society to wait for one’s recovery. Like the blinking timer counting down the time for you to cross a road, youths do feel as if there is a time limit to recover or one will end up lagging behind their peers (in terms of grades, job opportunities or simply achieving). Especially in Singapore, having a very strong kaisu culture, the idea of the need to be ahead of one’s peers has been instilled deeply into youths’ lives. By putting a timer on recovery, not only does it create additional stress which may hinder one’s recovery, it may also deter youths from seeking help in the first place.

*Unfulfilled expectations.*

Mental health concerns can leave young people feeling empty and unfulfilled, as if they are missing out on experiences that their peers are enjoying. They may struggle with feelings of sadness, anxiety and isolation, which can make it difficult to engage in activities they once found enjoyable. Like an empty pool, their lives can feel drained of excitement and joy. The image of an empty inflatable kiddie pool can evoke feelings of disappointment and unfulfilled expectations, particularly for young children who may have been looking forward to playing and splashing around in it. In the case of youths struggling with mental health, it is the frustration and disappointment of being unable to achieve a certain type of living or goal.

*Color theory.*

Color is formed by the way objects reflect or emit light at different wavelengths, which are perceived by our eyes as different hues. For instance, the blue post-it note is blue because it absorbs green and red light, while reflecting blue light. In the same way, we are who we are because of traits we have (the light we absorb) and traits we don’t (the light we reflect). However, when we are struggling to find ourselves, and with our mental health, we tend to look at what we are not. Like how the blue post-it is blue because it does not absorb blue light. I think a small step into recovery would be like learning the color theory, learning not only about the light we reflect but those that we absorb as well.







I was seated opposite and snapped this photo – two young ladies were chatting happily while most people in the train were engrossed in their phones. Thought this photo is a great contrast of social connections vs isolation.

Healthy social connections help us all have a sense of wellbeing, and young people are no exception to this.

Having positive relationships with people like family members, friends and schoolmates lowers anxiety and depression. It also raises self-esteem. Feeling supported has a powerful impact on health generally. Social connections help a person to feel understood and encouraged. This makes it easier for young people to continue when faced with challenges.

In contrast, loneliness can have a serious negative impact on a person’s health. Loneliness is linked to unhealthy sleep patterns, high blood pressure, an increase in stress hormones and a weakened immune system which may lead to depression and other mental health issues.



We may know someone who is depressed and not know they’re depressed. People expect someone who is depressed to cry a lot, moody and stay in bed all day. But depression isn’t always this obvious.

Some people can totally fake it. They can smile and laugh; they can act like everyone else, even while they are in excruciating emotional pain. Occasionally people who can do this end up killing themselves, and no one can believe it. People who are depressed but act like they are fine may not confide in anyone. Usually they find a way to spend time alone crying or letting down the facade and then go back to acting when they have to be with people. On top of the pain they already feel, acting happy is emotionally exhausting, and having this secret is isolating. So, faking it can even increase the depression.

My friend, Alicia, lost her 23 years old son, Paul, to suicide a year ago. On the outside, Paul was a cheerful and caring person. He even volunteered regularly to transport groceries to elderlies living in Pulau Ubin. Her story at <https://youtu.be/x5vKPfIbM94>

I took this photo during the walkabout. Everyday, we come in contact with many people: friends, family members and strangers. As shown in this photo, everyone is hurryingly crossing the traffic light. Do we ever take a moment to smile, be kind or greet someone amidst our busy schedule?

A genuine smile or a simple act of kindness may lift someone up. I hope we can be more gracious, compassionate, patient and slow to judge especially with strangers as we really don’t know their struggles. Be kind 😊





What does “recovery” mean in the context of youth mental health? What conditions and environments are necessary for a young person’s well-being? What loops and barriers prevent us from embracing and receiving care from others?

These were some questions Alecia began with at the start of her photography residency with Exactly Foundation. She examines well-being as a state of mental health and chose to focus on the experience of depression due to its prevalence, both in Singapore and globally, and its intersection with numerous mental health and social-political conditions. Depression can be understood as a state of behavioural shutdown, which often

results in challenging and deeply-disabling cycles of avoidance and isolation. Through centring the perspectives of young people on mental health, this project seeks to disrupt the norm of adults setting the rules for engagement: Alecia invited young people to reflect upon the loops they navigate by sharing their own framework of care. Beyond the individual, she also examines larger cultural and societal structures that limit and guide our responses towards mental illness in Singapore.

**Alecia Neo** is an artist and cultural worker. Her collaborative practice unfolds primarily through installations, lens-based media and participatory workshops that examine modes of radical hospitality and care. She is currently working on Care Index, an ongoing research focused on the indexing and transmission of embodied gestures and movements, which emerge from lived experiences of care labour. Care Index has been recently presented at The Esplanade: Theatres by the Bay, The Listening Biennial, Assembly for Permacircular Museums (ZKM Center for Art and Media Karlsruhe), New Season of Care (Asia-Art-Activism) and Presence of Mind (Gallery Lane Cove, NSW, Australia). She is the co-founder of art collective Brack and Ubah Rumah Residency on Nikoi Island, Bintan. Active since 2014, her ongoing collaborations with disabled artists currently manifests as an arts platform, Unseen Art Initiatives.

The keynote essay, *Notes from a Publisher*, is by **Xiangyun Lim** (Xy, she/her), the publisher and editor of *White: Behind Mental Health Stigma*. This first collection looks at mental health in our personal, social, and civic lives through a range of perspectives, including those from organisations, practising professionals and personal experiences from individuals and marginalised communities.

**Exactly Foundation** is a not-for-profit, trademark registered label established by Li Li Chung to commission photographers to create works that stimulate discussion of social concerns in Singapore. Exactly’s goal is to produce new knowledge by having viewers engage with the photographs and share them with friends and family over a two-three-month period.

